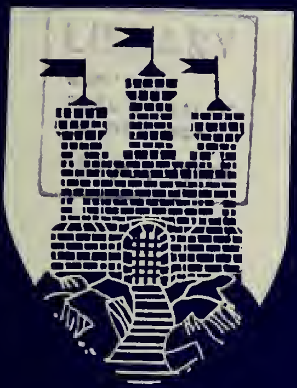
CITY OF EDINBURGH



HEALTH DEPARTMENT

1970

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Dr. J. L. GILLORAN'S

Compliments

CITY OF EDINBURGH

ANNUAL REPORT

OF THE

HEALTH DEPARTMENT

FOR THE YEAR

1970

BY THE

MEDICAL OFFICER OF HEALTH

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Health Department,
Johnston Terrace,
Edinburgh,
EH1 2PP

To: The Corporation of the City of Edinburgh.

My Lord Provost, Ladies and Gentlemen,

I have the honour to submit the Annual Report of the Health Department for the year 1970.

A clean bill of health for the city during the Commonwealth Games was successfully achieved thanks to the vigilance of our specialists in environmental health. The veterinary and sanitary inspectorate made significant contributions towards the health of the athletes in the Games Village and at the various venues, whilst at the same time maintaining their normal public health functions upon which depend all our community health services.

In the past public health was organised around the traditional functions of the medical officer of health for the control of the communicable diseases by environmental health measures and sanitary legislation. Nowadays these responsibilities, particularly in relation to the infections associated with food, are undertaken by sanitary and veterinary inspectors with specific training and practical experience in environmental health problems. It is upon their judgment and expertise that the city depends for its freedom from environmental hazards. Perhaps the most important effect of their widening range of skills and technical knowledge has been to relieve the medical officer of health of his former day-to-day concern with environmental health and increasingly allow him to prepare for his future role of specialist in community medicine.

COMMUNITY MEDICINE

"No man is an iland, intire of it selfe;"

The need for a concerted attack on ill-health by the whole medical profession is evident when we consider the relatively poor position of Scotland in an international "league table" of health statistics. Although the Scottish mortality rates in 1900 were similar to those of eight other Western countries, the position had so deteriorated by 1966 that Scotland had the worst mortality rates for both sexes at most ages. When we consider specific diseases we find that Scotland's poor health record is mainly due to high death rates from cardiovascular and respiratory disease, with our lung cancer rate among the highest in the world.

It is this study of health and disease in populations that is the concern of specialists in community medicine exploring and assessing the background of population needs so that priorities can be established for health promotion, disease prevention, and the provision of medical care and rehabilitation. A vital function of the specialty of community medicine in the future integrated health service will be to form a communicating link or bond between the administration and the clinical organisation, between different parts of the clinical organisation and between the clinicians and the local authority services of environmental health, education and social work.

The Maternal and Child Health section of this report provides examples of the steadily evolving integration between different parts of the health service in the interests of the health of mothers, infants and school children. Mention may be made of the development of multidisciplinary assessment teams concerned with ensuring the best possible educational provision for children suffering from handicap, and illustrating the need for co-operation between workers in many different professional fields.

NURSING AND ANCILLARY SERVICES

> "every man is a peece of the Continent,
> a part of the maine;"

Much has been achieved in recent years by the closer association of community nursing services with general medical practices in attachment schemes which enable doctor, nurse and health visitor to function together as a health team in the best interests of their patients. It is most unfortunate that the local authority should so often be responsible for delaying the implementation of these invaluable arrangements. A rather extraordinary barrier causes obstruction, frustration and unnecessary delay on almost every occasion when a Corporation house or car is required for the nursing services, and it seems extremely difficult to persuade the authority that nurses are providing a service for the people of Edinburgh on behalf of the Health Committee, which has a statutory responsibility to provide health visiting and nursing services.

District Nursing

In her account of the District Nursing Services on page 31, Miss Maclean. Superintendent, Queen's Institute of District Nursing, emphasises the value of the planned early discharge of patients to home care following surgery, and expresses the hope that the Royal Infirmary group of hospitals will eventually recognise the benefits, not only for patients but also for hospital staff. It was also possible in August 1970 to start a paediatric home nursing pilot scheme in association with the Royal Hospital for Sick Children.

Health Visiting

It is in line with the theme of inter-dependence of doctors with their nursing and other professional colleagues that Mrs Riddell, Superintendent Health Visitor, mentions the benefits of the liaison between hospitals and health visitors which has been developed over many years in Edinburgh, and In fact preceded health visitor/general practice attachment schemes. The readily recognised benefits to the patients are accompanied by increased opportunities for contacts and exchange of ideas between ward sisters and health visitors.

College of Health Visiting

The College of Health Visiting at Springwell House had yet another successful year aided by enthusiastic support from a carefully selected team of lecturers covering a wide range of health and allied subjects. Two courses designed to prepare senior health visitors for appointments as field work instructors with training responsibilities for future students were the subject of a careful evaluation which indicated that they were in fact fulfilling their purpose. As in previous years the theoretical part of the community care programme for nurses undertaking basic training for the Register was provided by the tutors at the College of Health Visiting.

Health Centres

During the year the ground-floor area of the former purpose-built Civil Defence Headquarters at Springwell House, Ardmillan, was brought into use after suitable adaptation as a health centre. There are four suites of general practice surgeries, a reception and records area, a treatment room, and an X-ray unit for the use of the doctors at the centre. A combined child health clinic and welfare food distribution point is sited on this floor which is also the principal clinic and headquarters of the Corporation's chiropody service for the elderly. The mezzanine floor provides a staff room and accommodation for the administrative and secretarial staff. The health visitors who are attached to the practices operating from the centre have been provided with office accommodation near the College of Health Visiting on the first floor, which also contains the large conference hall used for a variety of teaching purposes, meetings of Health Department staff, and by other Corporation departments. Accommodation for district nurses of the Queen's Institute of District Nursing is also available on the upper floor.

MEDICO-SOCIAL SERVICES

> "if a clod bee washed away by the Sea,
> Europe is the lesse, as well as if a Promontorie were,"

During the year the Social Work Department set up on 17th November 1969 continued its struggle to make a contribution towards the care of the elderly in the community; in the realm of mental health it could do no more than meet its statutory obligations. Towards the end of the year a Joint Advisory Co-ordinating Committee for the development of hospital and community health and social services in Edinburgh and Midlothian was advised of the urgent need for suitable housing for old people by a professional working group composed of directors of social work, medical officers of health, general practitioners, and psychiatric and geriatric consultants.

Housing

In Edinburgh the obvious deficiency of housing for the elderly has been accompanied by a failure to organise the movement of old people from houses larger than required to more suitable accommodation in the same locality. This movement of the elderly has been successfully operated in England, particularly in Birmingham, to the great benefit of old people and of the housing stock. It cannot be repeated too often that: "if adequate housing accommodation of a type suitable for the elderly is provided, it can lead to a more rational use of the housing stock" (Scottish Development Department Circular 72, 27th July 1970).

Sheltered Housing

It has been appreciated for many years south of the border that not only is good housing vital to the health and wellbeing of the elderly but also, as their mobility becomes curtailed by advancing years and osteoarthritis, provision of sheltered housing is the most fruitful contribution which a housing authority can make to its elderly citizens. In 1962 Townsend and Wedderburn estimated that there was a need for approximately 50 places of the sheltered-housing type of accommodation per 1,000 of the population over 65 years of age. A plan presented to Parliament in 1966 showed that there were approximately 10·9 sheltered housing places per 1,000 population over the age of 65 in England and Wales. It also indicated that it was hoped to increase this provision to 24·6 places by 1971. In Edinburgh at present there are only 27 units of sheltered housing for the elderly and on the basis of the English standard reported to Parliament the aim should be as urged by the Director of Social Work, i.e. 4,000 units of sheltered housing and 10,000 dwellings for semi-ambulant old people.

There are many arguments which support the provision of sheltered housing as a means of caring for the elderly population. First among these is the avoidance of unnecessary admission to institutions so enabling the elderly to be maintained in the community for as long as possible. We have been advised by our geriatric consultants of increasing evidence that many elderly people are being admitted unnecessarily to Part III residential homes. A survey of all residents in local authority or voluntary accommodation for the elderly throughout Scotland conducted by the Research and Intelligence Unit of the Scottish Home and Health Department estimated that at least one-third of all these residents are probably suitable for sheltered housing. A second important argument is that it is much easier to get resident wardens for sheltered housing than it is to staff geriatric hospitals and residential homes. Furthermore it has been estimated by the Social Work Department in Edinburgh that the current cost of maintaining an elderly person in welfare accommodation is of the order of £16 per week per person; obviously a place in a sheltered housing scheme would cost considerably less.

Psycho-Geriatrics

Towards the end of the year there was published by the Scottish Home and Health Department and the Scottish Health Services Council the report of Professor Millar's Sub-committee on "Services for the Elderly with Mental Disorder". So important for local authorities are its conclusions and recommendations that no apologies are made for summarising those relating to care in the community. It is considered that the provision of adequate domiciliary services would enable a number of patients of the type at present occupying hospital beds, especially in mental hospitals, to be looked after within the community. There are two distinct but related features affecting community care of the elderly which demand attention. First is the increase in numbers and hence the need for more health and welfare services, and second is the greater expectation of living for twenty years or more after retirement. During these years the elderly should be given every opportunity of remaining active physically and alert mentally. They will need many more specially designed and planned houses, and above all sheltered housing is urgently required, particularly as a replacement in slum clearance schemes. Health and social work staff should be more closely involved in the planning and design of housing for the elderly. The report emphasises that a very considerable expansion in the number of houses for the elderly would play a crucial role in the prevention of many psychiatric and psychological disabilities of the aged. Physical support in an easily run house will reduce the liability to ill-health and mental breakdown, while the grouping of dwellings with the availability of contact with the warden and neighbours will greatly reduce the danger of isolation and depression. Careful attention should be given to the siting of these projects which should be near post offices, churches, shops, pubs, etc., with easily available transport and other amenities. Furthermore, facilities for exchange of housing from local authority or private housing to special or sheltered housing should be made easier.

Chiropody for the Elderly

Throughout the year the chiropody service continued under tremendous pressure due to the constant increase in the number of patients coming forward for treatment. Waiting time between appointments became on average as long as 11 weeks for clinic treatment and 13 weeks for domiciliary attention. Although the ideal interval between treatments naturally varies depending on the condition of the patient's feet, it is generally accepted that to give a real service an 8-week interval on average is the ideal.

As the domiciliary chiropodists must spend time in travel their caseloads are lower than for those working in clinics. With the great pressure on this section of the service it is particularly annoying when patients are recommended for domiciliary treatment who could with a little effort attend a clinic. There was actually an example of a lady who was never at home when the chiropodist called and when offered an appointment at a clinic wrote: "I have a part-time job in the morning and am too tired to attend a clinic in the afternoon." In fact, the domiciliary service is only intended for those who are completely housebound.

A further problem was caused by the withdrawal of the hospital car service due to the shortage of drivers which has meant that some 120 patients previously conveyed for treatment at the clinics had to be transferred to the domiciliary service. As the number of patients treated by a chiropodist at home is 9 per day this represents another 13 days' work. In the clinics the aim has been to treat 16 patients per day but with the increase in "very bad feet" caused by the 10-week interval this target has become very difficult to maintain. Despite all these difficulties, however, the quality of the service remained high throughout the year and the morale of the chiropodists and their clerical assistants could not be better.

ENVIRONMENTAL HEALTH

"as well as if a Mannor of thy friends,
or of thine owne were;"

Housing and Home Dialysis

During the last two years there has been a gradually increasing use of artificial kidney machines in patients' homes in the treatment of chronic renal failure. Early in 1969 a pilot study was conducted by the Royal Infirmary, Edinburgh, in which three patients were established on home dialysis. It was envisaged then that the number of machines installed in patients' homes was likely to be small. At that stage too the Secretary of State for Scotland issued guidance to local health authorities on the measures they could take to assist patients for whom hospitals were able to provide this form of treatment.

This circular to local authorities stated that hospitals would provide and maintain the intermittent haemodialysis equipment and would provide the relevant medical services. This would mean that hospital medical staff would have full clinical responsibility for treatment at home as well as in hospital. The hospital would provide, install and maintain the dialysis equipment for the patients' use at home, would supply all drugs and dressings, pay for the electricity used by the machine, and if necessary install and pay for a telephone, and would give the maximum possible notice to the local health authority of the intention to place a patient on home dialysis in the authority's area. Local health authorities for their part would accept, and should seek, guidance from the hospital on the adaptations needed in each patient's home.

The local health authority's responsibility would be basically to provide a suitably fitted room with a sink, a good supply of water, and walls and ceilings which are crack-free and washable. This, it will be appreciated, would require for some the transfer to a larger Corporation house or the construction of a suitable extension in the grounds of their dwelling.

When the circular was issued local health authorities assumed that their costs would not be high because the number of cases were expected to be limited; in fact, the three patients treated in the pilot scheme had involved costs for adaptation of £145, £165 and £339, with the highest cost being due to some exceptional piping and other materials. However, the first case requiring the Corporation's co-operation during 1970 cost over £500 in adaptations due to the old type of building and other circumstances. Then in mid-August the Corporation was asked to carry out adaptations or provide transportable external units at the homes of six patients who had been associated with the serum hepatitis outbreak, and whom the Royal Infirmary were anxious to have transferred from hospital to their homes as quickly as possible. Because of the need for urgency a survey of the patients' homes was undertaken immediately and at a special meeting of the Health Committee it was agreed that the responsibility for these adaptations or installations should be accepted by the Corporation. These provisions, of course, went far beyond what was envisaged in the Secretary of State's original circular because not only was the Corporation faced with six cases all at once but the costs for these were found to exceed £1,100 each, giving a total cost for the year of £7,956. Although the circumstances were recognised as being exceptional, nevertheless the Edinburgh Health Department had still to find this additional money which had not been anticipated in the preparation of the annual estimates for 1970/71 and substitution had to be made from other services.

Infectious Disease Control

The importance of full consultation and co-operation between personnel of the epidemiological, microbiological and sanitary services was illustrated by the satisfactory conclusion of an investigation into cases of typhoid fever occurring intermittently over a period of years in the city. An isolated case of enteric fever in a boy aged 11 years in August 1963 was caused by an organism of a phage type not previously found in Scotland, Salmonella typhi phage type K1. Four years later the same organism was recovered from another case of the disease—a boy aged 12 years. When a further case occurred in 1968 in a youth who had been swimming in the Union Canal and in the Water of Leith it was recalled that the two earlier cases had each given a history of swimming during hot weather and the canal was suspected largely because it was often used for swimming, was considered to be stagnant in places, and was contaminated with industrial effluent. However, at that time and again after a girl of 10 years who became infected in August 1969 denied any connection with the canal, all attempts to trace the source of infection were unsuccessful despite the intensive employment of Moore swabs at a variety of points in both the canal and the Water of Leith.

In July 1970 a 13-year-old boy developed typhoid fever some 14 days after swimming in and drinking from the Water of Leith at a point further upstream than mentioned by the earlier cases. As on previous occasions a careful inspection was made of the banks of the stream and fortunately an inspector of the Lothians River Purification Board, climbing on some girders crossing the water, spotted a storm drain almost hidden by undergrowth but with sewage seeping from it. At this point, which was near Colinton Village, a positive result of Salmonella type K1 was obtained from Moore's swabs, although as before other swabs planted over a wide area produced no results. On investigation of the drain by the City Engineer's Department it was discovered that a sewer had been wrongly connected to the storm-water drain instead of to the main sewer apparently some seventy years ago. Further swabs suspended along the line of the sewer pinpointed a group of houses and blood tests carried out on the occupants enabled the typhoid carrier to be identified. While the investigation was proceeding the brother of the 13-year-old boy sickened of the disease evidently contracted from his sibling and two further cases were diagnosed, both giving a history of association with the Water of Leith. Thus a total of 8 cases of enteric fever (Salmonella typhi phage type K1) between the years 1964–70 all gave a history of swimming in or drinking from the Water of Leith which was contaminated with sewage infected by an unsuspected typhoid carrier. The successful conclusion of this investigation was only made possible by co-operation between microbiologists epidemiologists, and inspectors of the local authority and the River Board, and not forgetting the general practitioner and the consultant in infectious diseases whose treatment of the carrier has been completely successful.

Venereal Diseases

On page 56 Dr. Robertson describes the Edinburgh situation from his Department of Venereal Diseases at the Royal Infirmary. The increasing incidence of sexually transmitted diseases is a world-wide problem associated with the changing climate of opinion regarding sexual behaviour. Prevention of these diseases is difficult in a permissive society because it involves the discouragement of sexual promiscuity which can only be achieved by education in personal relationships. Failure of society to introduce satisfactory guidance in human relations into the school curriculum has compelled venereologists to rely solely on controlling the spread of venereal infections by careful interrogation of patients and tracing their contacts. Much help can be given by publicity about the confidential treatment available at centres such as Wards 45 and 46 at the Royal Infirmary, and, of course, advice should be sought whenever there has been the slightest risk of infection. In Edinburgh a telephone-answering V.D. Advice service is available by dialling 225 4471.

Bacteriological Services

Everyone involved in the control of communicable disease in the city is grateful to Dr. Gould, not only for the bacteriological section of this report on page 61, but also for much wise counsel and guidance throughout the year in connection with epidemiological microbiology and with the microbiological investigations of water, milk and foodstuffs. As he so rightly emphasises in his report the full potential of the microbiological services in the control of infection and in the analyses of food and other materials can only be attained by mutual co-operation, so that time saved by avoiding unnecessary investigations can be used profitably and effectively.

Smallpox Vaccination

While this report was being prepared the Government decision was announced to abandon the policy of infant vaccination for protection against smallpox. Routine vaccination will still be necessary for health workers likely to be exposed to the disease, for the armed forces and for visitors to countries in which smallpox is still endemic. Those people coming into this country from places where smallpox has not yet been eradicated will still be required to produce international certificates of vaccination and so travellers going abroad should check the situation with their travel agent. At the present time only five countries remain as active centres of the disease—Ethiopia, India, Nepal, Pakistan and the Sudan—and it is entirely due to the success of the W.H.O. smallpox-eradication programme that it is now possible to end infant vaccination in Britain.

Veterinary Services

A most unusual but significant health record is mentioned by Mr Norval, Chief Veterinary Inspector, namely, that 1970 was the first year on record in which no beef was condemned for tuberculosis, and he contrasts this with the situation before the tuberculosis eradication programme was introduced, when some 86 tons of beef were seized in a year and the infection rate in cows was 41 per cent. Present-day problems of food inspection discussed on page 66 include the numerous requests for advice regarding failures of refrigerated food cabinets and compartments. Although food which has been completely defrosted is still fit for human consumption, it should not be refrigerated and it must therefore be destroyed. Attention is drawn to mould growths on foodstuffs which have been the subject of many justifiable complaints due to failure of shopkeepers to ensure proper rotation of stock, and this can be avoided by using a simple colour code system.

Future Reorganisation

The future of the environmental health services was discussed in some detail in my report for 1969 and the extent of the work outlined by Mr Holliday, City Analyst (page 79), and Mr Wintour, Chief Sanitary Inspector (page 105), lends further factual support to my plea for the establishment within the future units of local government of a major department of environmental health having suitable links with specialists in community medicine on the staff of the Health Board. Traditional local authority responsibilities for control of infection, the hygiene and quality control of food (including sampling and analysis), the sanitary condition of dwellings (including overcrowding and slum clearance), and the environmental health supervision of places of work should remain within the purview of local authorities, alongside the highly technical problems of air and water pollution, radio-active emissions and noise.

Those factors in the environment which may affect human health adversely whether by infection, by chemical contamination of air, water or food, or by excessive noise are very much the concern of doctors, particularly those involved in disease prevention. Nevertheless it should not be necessary for a specialist in community medicine to inspect vaccination certificates to prevent the importation of smallpox, nor to investigate personally all the circumstances of every suspected food-borne infection; just as it is not necessary for a neurosurgeon to check that seat belts are worn to prevent injury, nor to investigate personally all the causative factors of every accident. Undoubtedly the control of environmental factors affecting health in future will necessitate consultation between microbiologists, specialists in community medicine, and other doctors and nurses of the Health Board, with specialists in environmental health of the local authority, but the actual responsibility for control should rest unequivocally with the local authorities and their vital departments of environmental health.

XII

STATISTICS

"any man's death diminishes me,
because I am involved in Mankinde;"

Mortality

There were no deaths from maternal causes recorded in the city during the year; the last maternal death in Edinburgh occurred in 1968. The number of infant deaths recorded during the year was 123 which makes the infant mortality rate of 18·5 per thousand live births the lowest ever achieved in the city. Fifty years ago in his annual report for 1920 Dr. Maxwell Williamson wrote:

"The infant mortality rate during the year was 89 per thousand births, being the lowest figure yet attained. It is true that whooping cough, which as a rule is a large contributory factor to infantile mortality, was almost negligible during this period, but it is no doubt equally fair to conclude that this record rate represents some return for the great efforts being made in this city with the special object of preserving child life. It has been urged by those who are unacquainted with all the facts that certain branches of public health expenditure are not justified by the results obtained. Without going through the whole of this report to obtain a satisfactory answer to such an opinion, it may be claimed that it is, in part at least, possible to discover it in the statistics applicable to the infantile death rate during the past 30 years. Thus, from 1890–1899 the average annual death rate was 143 per thousand—that is to say, of every thousand infants born, 143 failed to complete their first year of life. During the following decade, from 1900–1909, the death rate was 122 per thousand. During the third decade, from 1910–1919, it had fallen to 110, and now during the single year under report the lowest figure yet attained has been reached, viz., 89 deaths per thousand.

"It might be useful in this connection to add a few more figures and facts in order to show that each special effort within recent years made by the Corporation towards lowering the infantile death rate has been almost immediately followed by results of the most satisfactory description. Thus, in 1897 the infantile mortality rate was 164 per thousand, and it became evident that some urgent steps must be taken in order to deal with this very serious condition of matters. A Sanitary Department was formed during the succeeding year, the specific duty connected with it, of course, being to ensure the highest possible degree of sanitation, particularly in the districts in which the maximum infantile mortality occurred. That work was actively carried out, and within three years the rate had fallen to 132, while two years later it fell to 119, and four years later to 112.

"In 1907 the Notification of Births Act was passed, rendering it possible for the public health authorities to obtain earlier intimation regarding every birth in the city; and in the following year a large body of voluntary lady visitors, along with an official health visitor, assumed the responsibility of supervising the upbringing of infants during the first year of their lives. This work was attended by excellent results, and very shortly was followed by an appreciable diminution in the death rate, until in 1916 it had fallen to 100 per thousand, in 1918 to 94 per thousand, and now has reached the satisfactory figure just recorded, viz., 89 per thousand."

Causes of Death

In the tables of mortality over the years we can see the downward trend which started with the most dramatic success story in the history of medicine

—the control of infectious disease by improvements in the sanitary environment and related public health measures. Looking back at our Edinburgh figures for fifty years ago we find that in 1920 there were 1,014 cases of diphtheria in the city with 63 deaths; thirty years ago in 1940 there were 749 cases of diphtheria with 61 deaths, while twenty years ago in 1950 there were 69 cases of poliomyelitis with 6 deaths. Diphtheria and poliomyelitis have been eliminated by immunisation in the past thirty years and we are now on the verge of controlling both measles and German measles. As a result the main causes of death today in children and young people are accidents although, as will be seen from the table on page 93, the number of deaths from accidents and violence in school children has continued at the same level year by year for the last twenty years, while the total death rate has fallen during that period.

Since the middle 1950s the decline in the death rate has slowed down, and a similar trend is noticeable in most other countries, with more deaths now occurring from incurable conditions—lung cancer, coronary heart disease, violence and the effects of ageing. The infectious diseases of the past have been replaced to a large extent by diseases of civilisation including road accidents and cardiovascular and respiratory diseases. For those diseases in which over-indulgence is a causative factor little success can be expected from preventive measures without changes in peoples' cherished ways of life; that is why the Royal College of Physicians' report "Smoking and Health Now" is so important. The danger from cigarettes is a fact of life which must be faced. It can no longer be laughed off as so many people do as unlikely to happen to them. Coronary heart disease, bronchitis and lung cancer can cripple and kill anyone who is so unwise as to continue cigarette smoking despite the warning which manufacturers have agreed to display on each packet.

THE HEALTH OF WOMEN

"and therefore never send to know for whom the bell tolls;"

For the subject of his presidential address given at the 139th meeting of the British Medical Association, Sir John Peel, Surgeon Gynaecologist to H.M. The Queen, chose "The Health of Women". In his discourse he did not dwell on the past but clearly and constructively highlighted the health problems of the present day after first setting the scene as follows:

"The most valuable commodity that any individual, whether man or woman, can inherit is a healthy constitution. Any country that wishes to improve the health of its individual citizens must be prepared to invest even more of its resources than hitherto in the areas of maternal and child welfare. The dividends from such investments are incalculable, provided the endeavour starts at the very beginning. The beginning of life is the moment of conception, and so the ultimate health of the individual depends in no small measure on the many factors which affect intrauterine development. The endeavour must not only continue throughout pregnancy and childbirth but must continue into infancy, childhood, adolescence and adulthood. Women themselves must play the leading part, firstly, by taking full advantage of all that is available to them during pregnancy, and, secondly, by accepting an even larger measure of responsibility in the care of their children, not only during childhood but into adolescence. Women form about half of the population, and in spite of all the current talk about the equality of the sexes and the liberation of the female their reproductive function must differentiate them from the male. This is one of the inescapable facts of life which nothing that we can foresee at the present time is likely to change."

On the other hand, however, many changes which are taking place in women's way of life may affect those health statistics in which women have traditionally enjoyed a more favourable position than men. Exposure to occupational hazards and industrial accidents is associated with more women going out to work, whilst both sexes are equally at risk from the modern hazards of pollution of the environment and road accidents.

In relation to women's maternal role, physical and emotional health is nowadays more important than maternal mortality as an indicator not only of the quality of obstetric care but also of nutrition in early childhood and adolescence. A valuable advance towards improvement in the health of women has been made in recent years by the adoption of modern contraceptive techniques, while sterilisation is a useful last resort to eliminate the risks to mother and child from excessive childbearing and large family size. Nevertheless, despite the availability particularly of oral contraceptives there are still far too many unwanted births sometimes due to a fear of possible health risks of the pill, about which Sir John Peel commented: "It seems an extraordinary fact that so many women are concerned about the risks of oral contraceptives and are so utterly unconcerned about the risks associated with so many other environmental hazards of today. The risks of driving a motor car or smoking cigarettes in large numbers are two hazards which carry a far greater health risk than the oral contraceptive, and furthermore the mortality from pregnancy is some four times the risk of that involved in avoiding the pregnancy by taking the pill."

Cervical Cytology

The most worrying aspect of the health of women in recent years has been the greater number of deaths from cancer, although part of this rise has resulted from the improved expectation of life and the increase in the population. Nevertheless, cancers of breast and uterus account for nearly 40 per cent of these deaths. It is therefore most disappointing that with so much publicity being given to the remote risks of the pill the great benefit of cervical screening has been so little publicised. This simple test for the detection of early cancer is of particular importance in women in social class V, in whom Sir Dugald Baird showed cervical cancer to be twenty times more common than in the wives of professional men. Since it is now well established that there is a relationship between cervical cancer and the age at which coitus starts and the number of sexual partners, it is all the more important with the present trend in sexual behaviour to persuade women to safeguard their health by taking advantage of the cervical screening service which is freely available. This is particularly important for women over the age of 35.

THE QUALITY OF LIFE

"it tolls for thee"
(Meditations of John Donne 1624)

Health Education in Schools

Since the Cathcart Committee set up in 1933 to review the health services in Scotland recommended a policy to promote the fitness of the people by measures such as health education, medical officers of health have been emphasising *ad nauseam* that the obvious place to promote health is in schools. Nevertheless, vitally needed instruction in health, parentcraft, psychology, ethics and inter-personal relationships is still woefully neglected, and this failure of the school system has become more obvious today when some pupils are taking drugs and becoming sexually promiscuous even before leaving school. One cannot but wonder how much longer it will be before the rising tide of venereal disease, pregnant school children, hooliganism and drugtaking persuades education authorities that time must be found in the curriculum for preventive action. This means education to enhance the full personal development of the individual by encouraging him to master the physical and moral dangers of life, whether these be drugs, alcohol, cigarettes, boredom, promiscuous sex, etc. It should also seek to develop insight into human emotions and the need for their control. This applies particularly to aggression which is even more important for us to understand than sex in order that a balance may be achieved between the personal need for self-expression and the responsibility we all have towards society.

The report of Lord Cohen's Committee on Health Education which has been regarded with apathetic disinterest by the Scottish Education Department since 1964 recommended that health education should be allocated periods in the school syllabus and stated unequivocally: "We would regard failure to find a place for systematic health education in the curricula of schools of all levels to be failure to recognise priorities; academic success is of reduced value unless achieved by children healthy in mind and body. It is also desirable that children should leave school equipped with knowledge and training which will assist them in later life to make wise judgments about their own health or their children's and to act as responsible citizens in community health matters. To a greater extent than many other school subjects, health is of continuing interest throughout life." It is an indictment of the educational system that no action has yet been taken seven years after that report and despite the increasing problems of teenage experimentation with drugs and sex. So far in Scotland all that has happened when incidents of drug-taking have been detected in a school has been a cry from teachers for medical officers of health to do something.

Drugs and Young People

Two years ago all schools in Edinburgh were advised about a special exhibition which was mounted in our Health Education Centre in Castle Terrace. This exhibition illustrated the dependency diseases of civilised life and placed in perspective their dangers to health with cigarette smoking first, alcoholism next, and drug-taking a very long way behind.

The exhibition was visited by student teachers, pupils doing projects, groups of pupils from four secondary schools, and members of the public, and also by some teachers visiting the Health Education Centre for material for other topics. But generally speaking the schools displayed their customary lack of interest in anything connected with education for healthy living. Some educationalists, of course, hold similar views on drugs as they do on sex, namely, that the less pupils are told about such subjects the less the risk of their experimenting with them. I call this the ostrich attitude, putting one's head in the sand and hoping the problem will go away, except that in school staff rooms the heads are usually hidden in tobacco smoke.

The Women's Royal Voluntary Service in England have recently announced that with support from the Home Office they have trained 40 advisers to talk to parents of school pupils about drugs, starting with parents of primary school children, and they expect to have 150 trained advisers by the summer of 1971. It is pertinent to ask why this should be undertaken by a voluntary organisation and the Home Office instead of by the Department of Education and Science and the Scottish Education Department? Are these departments not yet aware that pupils now at school will in a few years' time be the parents of tomorrow? Some have already become the mothers of today while the Cohen report has been gathering dust in its pigeonhole.

The reasons for experimentation with drugs are not hard to find in our present society with its social security, affluence and permissiveness which provide few opportunities for the excitement and spice of adventure which appeal to youth. The control of the drug situation is thus not just a matter to be left to the police, it requires the co-operation of parents, teachers, doctors and the whole community, including young people themselves. Just as with sex and other aspects of health, knowledge is the key and, instead of seeking to blame the Government or doctors or parents or the permissive society, we should all work together with the common aim which is best expressed in the motto "forewarned is forearmed".

A comprehensive planned school programme of education for health—mental, physical and social—would include addiction as only a small part but it would encourage an understanding of the effects of drugs and medicines, how they should be used and how safely kept. Although a start has been made by some interested teachers, doctors and health visitors, the real impact will only be achieved when continued planned health education is included in the curriculum of all schools.

Community Health Education

Although I have stressed with regard to health education in schools that the proper person to teach this is the school teacher provided he is properly informed, we must remember that everyone in the health service has a responsibility as a health educator. None of us requires proof that the one-to-one approach is the most effective—only time is required for this—and if we can identify those most at risk this is indeed time well spent. The value of time spent on prevention is of particular relevance to doctors in hospital and general practice who ought increasingly to become involved in preventive medicine. Most doctors recognise their obvious responsibility to provide advice to patients about giving up cigarette smoking in cases of bronchitis and myocardial infarction. It is, however, even more necessary to prevent patients reaching such a crippling stage of disease by helping them to stop smoking when they first consult their doctor, and in particular if they have morning cough and catarrh.

How to Stop Smoking

There is no cure for cigarette smoking except the positive decision to end an illness-provoking activity. The most effective measure is direct persuasion by a doctor genuinely concerned with the patient's health, especially if there are any signs of illness associated with smoking. The doctor must be prepared to take time to explain not only the risks of heavy cigarette smoking but also the ease with which even lifelong smokers are able to stop. Sufficient doctors have now stopped smoking to refute the existence of withdrawal symptoms. The desire for a cigarette which continues after giving up the habit is not a true craving but rather a feeling of deprivation, of something missing. This is natural and to be expected after the repetition of any action for 10-minute periods twenty times a day for twenty years or more, but it is this sense of deprivation which has been confused with craving or addiction. Most people find that it is better to stop completely rather than try to cut down, and it often helps to reward oneself with a cheroot or two in the evening for the first week or ten days. It is also helpful to substitute other activities for a week or two until there develops the full flowering of the sense of achievement and of well-being associated with the improved taste for food and freedom from enslavement to tobacco. However, one must beware of over-confidence and the belief that just one cigarette on a special occasion won't do any harm. That one cigarette is often the first fatal step to relapse, the return to the infantile desire for a comforter. Nowadays mature and sensible people don't smoke.

"Smoking and Health Now"

It has been said that we should not interfere with the smoker's right of free choice—even of suicide—but surely that way madness lies. In addition to the risk of death or disability from lung cancer and heart disease it has to be remembered that chronic bronchitis caused by cigarette smoking results in the loss of 35 million working days every year—more than three times the number due to industrial disputes. I would therefore ask everyone who has any concern for children and young people, particularly teachers and city councillors, to take trouble and time to read very carefully indeed the report "Smoking and Health Now" by the Royal College of Physicians, and then make up their own mind whether they intend to influence young people to smoke or not. It is most significant that the educational campaign in the United States about the danger of cigarettes has caused a reduction of cigarette smoking amongst people in social classes I and II, the more intelligent sections of the community.

In this country the reduction of cigarette smoking by doctors in recent years has prevented their premature death from heart and lung diseases. This indicates that our high Scottish mortality from these diseases in the middle-aged and older age groups could be reduced if we could control cigarette smoking which causes these premature deaths. All the perils of pollution about which we hear so much today pale into insignificance beside the hazard of cigarette smoking. This is the modern curse of Scotland because there is no miracle cure for chronic bronchitis or lung cancer. The only hope depends entirely on prevention by an informed intelligent community whose members refuse to be slaves of the cigarette.

Whither Health Education

Following the publication of the Royal College of Physicians' report a leading article in one newspaper denounced the arrogance of doctors for daring to tell people how to order their lives. If this expresses the view of any considerable section of the public all our efforts on health education are doomed to failure. I must confess to some personal forebodings in this respect for two reasons, the first of which is implied by much of what I have written about the failure of the educational system to educate for health or even to prepare children adequately for life, our failure to persuade the public of the danger of cigarettes, our failure to persuade local government of the value and safety of fluoridation, our failure to provide proper housing for the elderly, and our failure to prevent unwanted births. My second reason for despair is the knowledge that neither the mass media nor the public were sufficiently interested in last year's *Annual Report* for it to be read by more than a handful of people. Perhaps it is fortunate than an Annual Report on the health of the City of Edinburgh will no longer be required after 1974; thus ending a continuous record spanning the history of public health in Scotland since 1862 and spiced with much advice on the promotion of health for the benefit of the public and the Town Council.

ACKNOWLEDGEMENTS

> "The good citizens of Budapest regarding his howlings as lunacy; posterity regards them as the pleadings of wisdom."
>
> *Ben Hecht writing of Semmelweis*

It was a great shock to every member of the Health Department staff when we learned of the death of Robert Currie in hospital on 1st November 1970. Although we had followed the course of his illness and operation with great concern, we had hopes that he would soon be back amongst us again. He was a kindly and helpful colleague and most conscientious and industrious in all that he did, and a record of the excellence of his work is preserved in these Annual Reports and in all the statistical statements with which he was so much concerned.

After 49 years' service with the Health Department Mr W. A. B. Valentine, our Administrative Officer, retired in November, thus ending a career which spanned the years of six of Edinburgh's seven Medical Officers of Health. No one could have wished for a more reliable colleague who allied sound judgment with stability and unswerving loyalty to the good name of the Corporation services. He will be greatly missed for his encyclopaedic knowledge of local government and of the city, and not least for his kindness and ready wit.

All I have to say by way of further acknowledgement was most effectively expressed fifty years ago by Dr. Maxwell Williamson in his Annual Report for 1920: "In issuing this Report I wish to make my acknowledgement of the pleasant co-operation that exists throughout the whole Department, including all those in charge of Sub-Departments; the medical staffs and matrons of the various hospitals, and the whole of the staffs generally charged with the duty of public health administration throughout its many ramifications. The Council may rest assured that each in his or her own sphere continues to discharge the various branches of work in a wholehearted and thoroughly efficient manner."

I have the honour to be, my Lord Provost, Ladies and Gentlemen,

Your obedient servant,

J. L. GILLORAN, M.B., Ch.B., M.R.C.P.(Edin.), D.P.H.
Medical Officer of Health

Members of the Health Committee 1970-71

Councillor Mrs M. Robertson-Murray, *Chairman*
Bailie Mrs Josephine M. Dickson
Bailie Mrs Nansi H. Mansbridge
Councillor George Drummond
Councillor Mrs Margaret B. A. Ross
†Councillor George Hedderwick
Councillor Anthony H. Lester
Councillor George D. M. Galbraith
Councillor Duncan M. Pirie
Councillor Mrs Catherina T. Nealon
Councillor Robert W. Irvine
Councillor Mrs Winifred E. Donaldson
Councillor James S. Cook
Councillor Mrs Phyllis Herriot
*Councillor James G. B. Lerette
Councillor Malcolm L. Rifkind

* Convener of General Purposes Sub-Committee

† Deceased

Joint Committee on School Medical Service

From Health Committee:

Bailie Mrs Nansi H. Mansbridge
Councillor Mrs Robertson-Murray
Councillor Mrs Catherina T. Nealon
Councillor Mrs Phyllis Herriot
Councillor James G. B. Lerette

From Education Committee:

Bailie Mrs Josephine M. Dickson
Councillor Robert M. Knox
Councillor Anthony H. Lester
Councillor John D. McWilliam
Councillor George D. M. Galbraith

Principal Officials as at 31st December 1970

Medical Officer of Health	Dr. J. L. Gilloran
Depute Medical Officer of Health	Dr. I. F. Craik
Principal Medical Officer for Child Health	Dr. H. P. Tait
Senior Medical Officer for Tuberculosis and Infectious Diseases	Dr. A. Jamieson
Senior Medical Officer for Maternal and Child Welfare	Dr. M. S. B. Langton
Senior Medical Officer for School Health Services	Dr. J. C. Willison
Senior Medical Officer for Health Education	Dr. L. M. Watson
Senior Medical Officer for Operational Research	Dr. C. F. Drysdale
Chief Sanitary Inspector	Mr I. W. Wintour
Depute Chief Sanitary Inspector	Mr F. J. Allen
City Analyst	Mr P. J. G. Holliday
Depute City Analyst	Mr D. F. Withington
Chief Veterinary Inspector	Mr J. Norval
Assistant Veterinary Inspector	Mr W. T. Forrest
Chief Dental Officer	Mr J. W. Craig
Senior Dental Officers	Miss M. Miller Mr J. Allen Mr W. A. Wishart
Chief Administrative Officer	Mr C. F. Campbell
Superintendent, Queen's Institute of District Nursing	Miss M. Maclean
Superintendent Health Visitor	Miss D. M. Riddell

Number of Staff as at 31st December 1970—610

	Number	*Remarks*
Medical Officers	41	including 20 part-time
Administrative	74	including 17 part-time
Dental Officers	23	including 2 part-time anaesthetists
Dental Auxiliaries	5	
Dental Surgery Assistants	32	including 4 Oral Hygienists
Sanitary Inspectors	56	including 8 Trainees
		,, 6 Smoke Inspectors
		,, 3 Shop and Office Inspectors
		,, 1 Housing Technical Assistant
		,, 2 Food Hygiene Officers
Meat Inspectors	9	
Health Visitors	116	including 18 part-time
		,, 6 students
Health Visitor Tutors	3	
	142	including 109 Q.I.D.N.
Midwives	6	
Health Assistants	4	
Clinic Attendants	11	
Chiropodists	16	
City Analyst and Laboratory Staff	10	
Domestic Staff	37	
Transport, Mortuary, Disinfecting	6	
and other staff	6	

EDINBURGH HEALTH DEPARTMENT
CORPORATION OF EDINBURGH (Town Council)
HEALTH COMMITTEE, and JOINT SUB-COMMITTEE FOR SCHOOL HEALTH SERVICE
MEDICAL OFFICER OF HEALTH
DEPUTE MEDICAL OFFICER OF HEALTH

Community Medicine			Central Administration	Environmental Health & Community Protection			
Child Health	Community Care	Epidemiology and Preventive Medicine		Medical Aspects	Sanitary Services	Veterinary Services	City Analyst
Principal M.O. Senior M.Os. Medical Officers Health Visitors & Nurses Chief Dental Officer Dental Officers & Auxiliaries	Medical Officers Superintendent Health Visitor & Health Visitors Superintendent, Q.I.D.N. & Nursing Sisters Midwives Chiropodists	Senior M.Os. Medical Officers Health Visitors, etc.	Medical Officer of Health Depute Medical Officer of Health Admin. Officer Admin. Assistants	Senior Medical Officer & Medical Officers	Chief Sanitary Inspector Depute Chief Sanitary Inspector Specialist & Divisional Sanitary Inspectors & Sanitary Inspectors	Veterinary Inspector Assistant Veterinary Inspector Meat Inspectors	City Analyst Depute City Analyst & Staff
Home visiting of mothers and young children Child Health Centres "At Risk" and handicapped registers Welfare foods Dental care of mothers and children Medical care in residential establishments for children—nurseries, play centres and remand homes Medical inspection of school children Ascertainment and supervision of handicapped pupils	Community Nursing and Health Visiting Domiciliary Midwifery Geriatrics Chiropody Nursing Homes Registration Licensing of Nursing Agencies Health Centres *Health Visitor & Nurse Training School* Tutorial staff at Springwell House	Illness prevention and Health promotion Health education in schools and in community Family Planning Accident prevention Population screening Epidemiological research Vaccination & Immunisation Communicable disease—Surveillance & Control Liaison with micro-biologic service Chronic disease—Surveillance & Control	Planning & Co-ordination of Services Management & Deployment of staff Data collection and operational research Health statistics Health centre planning and administration Control of expenditure, accounts, supplies, etc.	Infectious disease control International Health Regulations and Aliens Orders Housing priorities Environmental health Food hygiene and safety of food premises Radioactivity	Infectious disease and environmental health Food safety and hygiene Food and Drugs legislation Clean Air and Noise Abatement Offices, shops and factories legislation Housing and Slum Clearance Port Sanitation Pest Control	Inspection of meat and imported foods at abattoirs, docks and retail shops Inspection of dairy herds Control and prevention of notifiable diseases of animals Milk testing at farms	Examination of Food & Drugs, etc. Scientific adviser on community protection *City Mortuary* *Disinfestation Centre & Skin Clinic*

SECTION I

VITAL STATISTICS

CITY OF EDINBURGH

SUMMARY OF STATISTICS

For the Years 1930, 1940, 1950, 1960 and 1970

	1930	1940	1950	1960	1970
Population at Mid-Year . .	425,951	427,439	488,883	471,585	464,800
Area of City—Acres	32,526	32,526	33,183	34,781	33,705
Density of Population—Persons per Acre	13·1	13·1	14·7	13·6	13·8
Inhabited Houses	108,375	129,379	140,865	153,250	159,500†
Marriages Registered	3,693	5,909	4,271	4,050	4,398
Birth Rate	17·2	15·5	15·7	17·9	14·1
Death Rate	16·0	15·9	12·6	12·6	12·9
Infant Mortality Rate (per 1,000 Live Births) . .	82	68	29	21	19
Neonatal Mortality Rate (per 1,000 Live Births) . .	32	34	18	16	13
Stillbirth Rate (per 1,000 Total Births) . .	—	40	24	19	12
Maternal Mortality Rate (per 1,000 Total Births) . .	8·0	4·0	0·6	0·1	—
Cancer Death Rate	1·7	2·1	2·2	2·5	2·8
Pulmonary Tuberculosis Death Rate	0·8	0·7	0·5	0·05	0·04
* Epidemic Diseases Death Rate	0·7	0·3	0·11	0·02	0·15

* Includes Typhoid Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria, Cerebro-spinal Fever and Influenza

† This is an approximate figure

VITAL STATISTICS

Population.—The Registrar-General's estimate of the population of the City on 30th June 1970 was 464,800, a decrease of 621 compared with the previous year.

Live Births.—There were 7,728 live births registered in the City in 1970 and, after adjustments had been made for births transferable outwards and inwards, the net figure of live births for the City was 6,551 (3,356 males and 3,195 females). The birth rate was 14·1 per thousand of the population.

Illegitimate Births.—Of the 6,551 live births registered 584 or 8·9 per cent were illegitimate.

Stillbirths.—The number of stillbirths registered was 78, representing a stillbirth rate of 12 per thousand total (live and still) births.

Deaths.—There were 5,981 deaths (after adjustment for transfers out and in) of Edinburgh citizens during the year. The death rate was 12·9 per thousand of the estimated population.

In the tables on pages 84 and 85 the deaths are classified according to disease, sex and age groups, and also the rates per 1,000 of the population.

Infant Mortality.—The number of deaths of infants under one year of age during 1970 was 123 (68 males and 55 females), giving an infant mortality rate of 19 per thousand live births. Of the 123 infant deaths, 86 occurred before attaining the age of four weeks giving a neonatal mortality rate of 13 per thousand live births.

The table on page 86 shows the deaths of children under 5 years of age by age group and cause of death.

Perinatal Mortality.—There were 144 perinatal deaths, comprising 78 stillbirths and 66 infant deaths in the first week of life, giving a rate of 22·0 per thousand live and stillbirths.

Maternal Mortality.—No deaths were attributable to pregnancy or childbirth this year.

Marriages.—4,398 marriages were recorded during the year and the marriage rate (persons married per thousand of the population) was 9·5.

SECTION II

MATERNAL AND CHILD HEALTH

(a) Maternal and Pre-School Child Health

(b) School Health Service

(c) Dental Services

MATERNAL AND PRE-SCHOOL CHILD HEALTH

Historical Note

Fifty years ago, on 2nd November 1920, the much-debated and criticised Edinburgh Boundaries Extension and Tramways Act came into operation. On that day the burgh of Leith was absorbed into the City of Edinburgh and the independence she had enjoyed since the Reform Act of 1832 was thereby lost. It is right to remember this event of 1920 for the burgh of Leith, under its last medical officer of health, Dr. William Robertson (later to occupy a similar post in Edinburgh), was a pioneer local authority in the child health field. It was the first in Scotland to open an infant milk depot; was early to determine the efficiency (or inefficiency) of chemical methods of sterilising cows' milk for infant feeding; employed a lady doctor for home visiting of ailing infants and young children; and by the time of the burgh's absorption by its bigger, richer neighbour, was in the proud position of handing over a well-developed maternity and child welfare service, as it was then called.

Introduction

Reference was made in last year's Report to the scheme for integration of the pre-school and school health services into a unified child health service. It is gratifying to record that considerable progress has been made towards this goal during the year under review.

There was again a reduction in the number of domiciliary births attended by the midwives of the domiciliary midwifery service but this reduced number of confinements was more than offset by the considerable increase in the number of home visits made by the midwives to cases of early discharge from maternity hospitals and units.

I. MATERNAL HEALTH

(a) Domiciliary Midwifery Service

There was a further decrease in the number of home confinements, only 251 being attended by the domiciliary midwives compared with 414 last year. On the other hand these midwives had a considerable increase in their post-natal work brought about by the arrangement whereby mothers discharged from maternity hospitals and units between the sixth and tenth day are followed up by the midwives initially. This arrangement is in addition to the ordinary post-natal care given by the domiciliary midwives to early discharges. In all, a total of 32,126 post-natal visits were undertaken during the year by the domiciliary midwives compared with 21,060 last year. This represents an increase of 52·5 per cent in post-natal work.

(b) Care of Unmarried Mothers

This year there was a reduction in the number of illegitimate births registered and this is, to some extent, reflected in the reduced number of admissions to the three voluntary homes in the city for unmarried mothers. After many years of sterling work among unmarried mothers and their children, the Salvation Army home at "Tor" was closed during the year under review. The Haig Ferguson Memorial Home and the Edinburgh Home for Mothers and Infants continue to carry on this necessary and worthwhile work.

(c) Dental Care for Expectant and Nursing Mothers

The commitment of the staff to the dental care of school children and children below school age is such that it precludes the possibility of routine examination for many nursing and expectant mothers. However, a start has been made at Sighthill Health Centre to the provision of a Dental Advisory Service for mothers, which it is hoped will gradually extend to include all mothers attending M. and C.H. Clinics. This counselling service, which operated for seven sessions in 1969/70, when between 40 and 50 mothers were offered advice, is seen as an important development in prevention through dental health education.

(d) Distribution of Welfare Foods to Expectant and Nursing Mothers

Sales of Vitamin A and D tablets for expectant and nursing mothers showed a slight increase over those last year, almost 1,000 additional packets being issued.

(e) Puerperal Pyrexia and Puerperal Fever

For the second year in succession no cases of either condition were notified.

(f) Maternal Deaths

No maternal deaths fall to be recorded this year. One fatality in a young parturient woman was associated with tumour growth unrelated to pregnancy or childbirth.

II. INFANT AND PRE-SCHOOL CHILD HEALTH

(a) Vital Statistics

Details of these are presented on page 6.

(b) Notified Live and Still Births

Notified births, both live and stillborn, numbered 10,309, of which 10,155 were liveborn and 154 were stillborn. Of the total notified births, 252 of the liveborn and 1 of the stillborn infants were delivered at home.

The details are set out in the following table:

I. Total number of births notified:			
(i) Live: Institutional	9,903		
Domiciliary	252		
		10,155	
(ii) Stillborn: Institutional	153		
Domiciliary	1		
		154	
			10,309
II. Total number of births in I. occurring in institutions:			
Simpson Memorial Maternity Pavilion		5,265	
Elsie Inglis Memorial Maternity Hospital		1,900	
Eastern General Hospital		1,506	
Western General Hospital		1,384	
Registered Nursing Homes		1	
			10,056
III. Total number of domiciliary births in I. classified to show nature of attendance at birth			
(a) Doctor booked	249		
(b) Doctor not booked	2		
(c) Midwife alone (no doctor engaged)	—		
(d) Doctor alone (no midwife engaged)	1		
(e) Without doctor or midwife	1		
		253	
			10,309

(c) Analysis of Registered Stillbirths, Infant and Pre-School Child Deaths

These are shown on the tables on pages 86 and 88.

There were 78 stillbirths registered as of Edinburgh mothers, giving a stillbirth rate of 11·6 per 1,000 total births compared with 154 stillbirths and a rate of 11·3 for last year.

There were 123 registered deaths in infants under one year, giving an infant mortality rate of 18·5 for the year. The age distribution of these deaths was as follows:

Under 1 day	37,	representing	30%	of all infant deaths
Under 1 week	66,	,,	53·6%	,, ,, ,, ,,
Under 28 days	86,	,,	70%	,, ,, ,, ,,
29 days–1 year	37,	,,	30%	,, ,, ,, ,,

Of these 123 infant deaths, 108 occurred in hospitals and 15 were domiciliary. Congenital malformations accounted for 40 deaths, closely followed by immaturity (unqualified) which accounted for 36 deaths.

The perinatal mortality rate of 22·2 per 1,000 stillbirths and deaths in first week of life, was the lowest yet recorded for the city.

There were only 11 deaths in the 1–5 year age-group, malignant disease and accidental deaths accounting for 4 and 3 deaths respectively, the remaining four deaths being caused by miscellaneous conditions.

(d) Ophthalmia Neonatorum

No cases of this condition were notified.

(e) Health Supervision

1. Child Health Clinics

As at 31st December there were 28 child health centres in operation. Of these premises, 8 were purpose-built, 15 adapted and 5 were occupied on a sessional basis.

There were 2,832 sessions held during the year at the 28 centres and 9,410 infants and pre-school children attended on one or more occasions. Of these, 401 children were referred from the centres to their family doctors for further investigation and/or treatment.

2. Routine Screening for Phenylketonuria

Of the 10,155 notified livebirths, 9,489 babies had the Guthrie screening test. Before the test could be carried out 132 infants died, 507 were discharged to other areas and 26 were transferred to hospitals. One refusal of consent to perform the test was encountered.

3. Ascertainment of Deafness in Pre-school Children

The details of this work will be found in section dealing with Health Visiting on page 35.

4. Dental Care of Pre-school Children

The service provided for pre-school children continues to grow. In the year under review, 2,659 children attending day nurseries, playcentres and nursery school were dentally examined, an increase of 51·9 per cent on the previous year. Although nearly two-thirds of children examined were found to require treatment, it is disappointing to record that only 63·8 per cent of those offered treatment accepted. Follow-up examinations confirm that many children are not receiving the treatment they undoubtedly require. The continuing need for more effective dental health education and early preventive procedure is all too evident.

(f) Vaccinations

Details of the various vaccinations in infants and pre-school children will be found on page 103.

(g) Toddlers' Playcentres

The Edinburgh Toddlers' Playcentres Association continues its excellent work among the 3–5-year-olds in the city. Thirty-five playcentres are in operation, the centre at St. Andrew's Church, Clermiston, having closed during the year.

(h) Welfare Foods Distribution

The issues of welfare foods at over 40 sessions per week in 32 centres continued to show similar trends to previous years. Issues of national dried milk, both full- and half-cream varieties, showed a further fall of 5,000 packages compared with last year, cod liver oil compound was but slightly down, while issues of orange juice concentrate and vitamin A and D tablets were up by over 15,000 bottles and 1,000 packets respectively.

Considerable changes in the welfare foods scheme were foreshadowed in the later part of the year but full details will not be available till early next year when the contemplated revision of the scheme is scheduled to take place.

SCHOOL HEALTH SERVICE

THE HEALTH OF THE SCHOOL CHILD

Systems of Routine Medical Examination by Age Group

Changes in these systems have been under consideration for some time, and in November 1969, the Education and Health Committees decided to adopt the recommendation of the Study Group on the School Health Service set up by the Secretary of State that the medical examination of 9-year-old pupils, which had already become selective, should be discontinued apart from vision and hearing testing. Instead, an effective system of selective referral is being built up of children (of any age) found by teachers, educational psychologists, parents and others, to present problems of unusual features in the classroom. Full medical examination at school entry and prior to school leaving continues, as does medical examination of children admitted to nursery schools and classes.

In this less rigid framework it is felt that school doctors and nurses can give a better service to children with special needs, and to their teachers, parents, educational psychologists and others through discussion with them of the classroom implications of medical factors which have been found to exist, or not, as the case may be.

The revised system of medical examination is reflected in the statistics for the year, in that the number of children medically examined by age group is reduced by over 3,000, and the number of children medically examined as a result of selected referral at any age, by teachers and others, shows an increase of nearly 2,000. This is encouraging evidence that the selective referral system is developing.

Health Education

In June 1969, the Working Party set up by the Director of Education to consider a systematic programme of health and social education in the primary school, published a set of Guide Lines for teachers.

The role of the School Health Service in the implementation of these Guide Lines was carefully considered and defined as advisory and supportive to the class teacher rather than to participate in classroom "teaching" itself, unless in group discussion of selected topics.

Participation in parents' meetings and in-service training courses for teachers were seen as appropriate contributions by school health staff as health specialists.

School medical and nursing staffs attached to primary schools have been asked and have agreed to be available in their schools to assist in the implementation of the Guide Lines along these lines.

Informal health counselling to parents and children continues to be part of the day-to-day work in the school medical room situation.

Further details of health education in schools are to be found in the Health Education Section of this report.

Cleanliness

It was unfortunately to be expected that the Study Group already referred to found it necessary to recommend that inspections for cleanliness should be continued by school nursing personnel in view of the persistently unsatisfactory incidence of head infestation.

It is increasingly being accepted, however, that head infestation is no longer a medical problem; treatment is simple, and substandard housing is no longer the deterrent it once was. The core of the problem lies in ignorance and apathy amongst families which are underfunctioning for a variety of reasons.

The Educational and Social Services have a contribution to make. The Medical Officer of Health expressed this view in his Annual Report for the year 1969 placing emphasis on the responsibility and the opportunity which rests with the educational services.

School nursing personnel with commendable dedication of purpose have done more intensive work with a smaller number of pupils than last year. The discouraging feature is that amongst these pupils the overall incidence of head infestation showed a marked increase on the previous session. The Table on page 18 refers.

Perhaps a mitigating feature is that there is no very significant increase in the incidence of verminous heads which is in the region of 2 to 3 per cent; it is the larva of the parasite that shows the increased prevalence.

HANDICAPPED CHILDREN

Assessment of Handicap

Assessment continues to develop on a multidisciplinary basis for all handicaps. While this is a time-consuming approach calling for mutual respect and understanding between the disciplines, it can be said for the School Health Service that participating staff find the team work satisfying and supportive, and are of the view that children with special needs and their parents and the schools are given a better service.

Two handicaps have been selected for further comment, namely, hearing and visual handicap.

The Hearing Assessment Panel

During the year, July 1969–July 1970, the panel has met on four occasions. Sixty-two new cases and 61 review cases have been considered.

It is of interest to report that of these cases, 23 were referred to the panel by authorities in the Lothians, Fife and the Borders, evidence that the panel is increasingly providing a regional service.

Further details of the work of the panel are shown below.

Summary of Cases considered by the Assessment Panel for Hearing Defect July 1969-July 1970

Number of meetings of the Panel	4
Number of new cases	62
Number of reviews	61
Services of the visiting teacher of the deaf	37
Admission to St. Giles' School recommended	20
Admission to Donaldson's School recommended	5
Other forms of remedial teaching recommended	2
For further investigation	29
For further observation	25
Transfer from special education for hearing defect to normal school	6
Transfer from special education for hearing defect, etc., to other special schools	4
Number of cases closed	6

Assessment of Visual Handicap

Since official approval by the Secretary of State of the report of the Working Party on the ascertainment of children with visual handicaps is still awaited, it has not been possible to set up a full assessment team in terms of the Report.

Regular meetings between the Senior Educational Psychologist, the Headmistress of Kaimes School and a designated Medical Officer from the School Health Service have, however, been held throughout the year to discuss children suspected or found to be visually handicapped. The School Medical Officer is greatly assisted by reports from consultant opthalmologists in the South East region.

It is hoped that the setting up of a full assessment panel will soon receive official approval and become a reality.

Participation in Special Surveys

Rubella Vaccination

Edinburgh has been fortunate in that a comprehensive scheme to vaccinate all 13-year-old girls was made possible by a Medical Research Council Grant to Dr. Helen Zealley of the Virology Laboratory under the direction of Professor Marmion of the Department of Bacteriology.

The Education and Health Committees accepted this offer, and with the kind co-operation of the Director of Education and school staffs, the parents of the first cohort of girls born in 1956 were offered preliminary serological testing for rubella antibodies followed by vaccination of consenting sero-negatives during the summer term of 1970.

Similar procedures were offered to parents of 13-year-old girls attending private and grant-aided schools in the city.

It is proposed to repeat the procedures for similar cohorts born in 1957 and 1958. A long-term follow-up is planned for the 1956 cohort.

The purpose of the study is three-fold:

1. To demonstrate the feasability of screening a complete cohort of girls for rubella antibodies and offering vaccination to all sero-negatives.
2. To demonstrate the length of protection through the child-bearing years by means of a long-term follow-up of the first cohort.
3. To determine how best to link rubella vaccination to existing vaccination procedures in schools.

In the 1956 cohort the acceptance rate was 99 per cent and the sero-negative rate 22 per cent.

Dr. Zealley kindly supplied the undermentioned figures.

Girls born in 1956

Number offered Serological testing	3,107
Number accepting Serological testing	3,089 (99%)
Number Serologically tested	2,679
Number serum negative (includes 37 low serum positive)	592 (22%)
Number serum positive	2,050
Number vaccinated	519

Service on Working Parties set up by the Secretary of State

The Senior Medical Officer continues to serve as a member of the Working Party set up to review the place of Physical Education in the secondary school.

GENERAL STATISTICS

Population of the area	465,300

Number of schools (under the management of the Education Committee):

(a)	Nursery	16
	Nursery Classes	25
(b)	Primary	90
(c)	Secondary	25
**(d)*	(i) Special Schools	17
	(ii) Adjustment Groups	2
(e)	In receipt of grant from Education Authority and under medical inspection (St. Mary's Cathedral School)	1
		176

* Includes the following not medically inspected by the Authority: Astley Ainslie Hospital, Challenger Lodge, Princess Margaret Rose Hospital, Royal Hospital for Sick Children, Gogarburn Institution for Mental Defectives and Forteviot House.

Number of children on the registers:

Nursery Schools	1,254
Nursery Classes	1,424
Primary Schools	44,511
Secondary Schools	22,472
Special Schools	910
Adjustment Groups	73
	70,644

Average number of children in attendance	66,970
Average number of children in hospital classes	204
Number of children taught at home by visiting teachers	19
Number of children taught in hospital by visiting teachers	67

During the year under review, the total school population has shown a further increase of approximately 1,000. The demand for Nursery School provision continues to be high and the Education Committee's 41 Nursery Schools and Classes have substantial waiting lists. Priority admission is given wherever possible in case of medical need.

ENVIRONMENTAL HYGIENE

TOILET ACCOMMODATION IN SCHOOLS

School	Toilets		Outdoor		Hand-washing facilities in outdoor toilets		
	Indoor	Outdoor	Covered	Uncovered	Hot	Cold	None
Nursery	16	—	—	—	—	—	—
Primary	78	*20	20	—	12	1	7
Secondary	27	14	12	2	6	—	8
Special	10	† 4	4	—	2	—	2
Total	131	38	36	2	20	1	17

* Includes 8 modern mobile toilet units.
† Includes 1 modern mobile toilet unit.

HEALTH SUPERVISION OF THE SCHOOL CHILD

Medical Officers carried out assessments on the following basis:

1. Children of selected age groups—5 and 13 years.
2. Selected children of any age, selection being by the Medical Officers themselves, or by referral from educational staff or parents.

Selected age groups remained unchanged at school entry and 13 years comprehensively, but as stated in the foreword, medical examination at 9 and 16 years was discontinued.

Table on page 89 shows some details of these assessments.

It will be noted from Tables I and II that parent attendance remains very satisfactory at the school entrant stage. From Tables I and II a fuller analysis will also be seen of the type of action considered necessary by Medical Officers. 24·8 per cent of children were assessed to require some form of supervision and referral, the largest group (12·8 per cent) being selected for continuing supervision in school.

These figures make interesting comparison with the figures for total incidence of defect (approx. 50 per cent) found by computer analysis.

This would suggest that a large number of conditions have already been recognised and are receiving treatment where this is considered necessary.

A numerical analysis of all other selected and special medical examinations is given in the table below.

Other Medical Examinations

	Session	
	1968–69	*1969–70*
Medical Officer selection, and teacher/parent/H.V., etc., referral	7,402	9,137
Employment of school children over 13 years	984	614
Prior to attendance at Outdoor Centre	565	462
Vocational guidance to school leavers	1,129	1,068
Pre-apprentice courses (Building, Engineering, Nursing, Catering)	377	283
Re-examination of home-taught children	48	23
	10,505	11,587

OTHER SCREENING PROCEDURES

Vision Screening

At school entry and at 13 years this is part of the assessment of the whole child, additional intermediate visual assessments were also carried out at 7 years and 9 years by Health Visitors and School Nurses. The incidence of previously unrecognised vision defect varied from 5 per cent in 7-year-old boys to 7·6 per cent in 7-year-old girls. Referral for full refraction was initiated where required.

Audiometric Screening

The audiometric service continues to be based on St. Giles' School for the Hard of Hearing and the Headmaster has provided details of the session's work on Table 92. It is worth noting that the numbers of children screened routinely in the primary school, and non-routinely on special request at all ages, again show an increase at 5·5 per cent. The incidence of defect found at all age groups and at all grades of severity of the total school population shows a slight fall on last year (6 per cent).

Audiometry was followed by School Medical Officer screening of hearing defective children and referral to consultant otologist was made as required.

Selected children with more severe hearing defect or significant educational difficulty were referred to the full hearing assessment panel for multidisciplinary recommendation on their educational needs.

Screening for General Health and Cleanliness by Health Visitors/ School Nurses

Periodic inspection of pupils by classes continues to be an important duty of the nursing staff in schools, this contact with pupils and teachers having health education potential as well as its screening function.

During the session 47,117 pupils were screened, an increase of 3,462 from last session.

Cleanliness

The combined work of the Health Visitors and School Nurses is represented in statistical form by the following table.

	Total No. of Pupils Inspected		Total No. of Pupils found to have vermin		Total No. of Pupils found to have nits	
	1968–69	1969–70	1968–69	1969–70	1968–69	1969–70
Health Visitors ..	38,532	29,862	903 (2·3%)	1,238 (4·14%)	6,258 (16·2%)	8,656 (28·9%)
School Nurses ..	40,551	29,924	1,085 (2·7%)	663 (2·1%)	6,661 (16·4%)	4,384 (14·6%)

During the session the Health Visitors paid 1,102 home visits in respect of 1,579 children.

SPECIALISTS' CLINICS

The South Eastern Regional Hospital Board continues to provide the services of consultants in otology and ophthalmology for the school child and we are grateful for this valuable service.

Details of the work done at their respective clinics is shown below.

Otologist Clinics

New referrals	156
Pupil attendances	349
Operative treatment recommended	110

Ophthalmologist Clinics

New referrals	942
Pupil attendances	2,661
Glasses prescribed	1,129

These figures represent a slight fall in new referrals to both consultants, but an increase in pupil attendances at the ophthalmologists' clinics.

Chiropody Clinics

The School Chiropodist reports as follows:

Pupils inspected . .	2,532
Pupils found to require treatment	164
Pupils referred for treatment by Medical Officers, Health Visitors, spontaneous referrals, etc.	524
Treatments given . .	3,794

Sighthill Clinic	*Leith Clinic*	*Occupation Centre*	*Total*
1,016	2,717	61	3,794

IMMUNISATION AND VACCINATION

Diphtheria and Tetanus Protection

5-year-old School Entrants

All school entrants of accepting parents receive reinforcing doses or primary courses of the combined vaccine as required.

6,010 such doses were administered by School Medical Officers, and in terms of pupils this represents a protection rate of 90 per cent among 5-year-old pupils attending Education Authority schools.

Table on page 89 refers.

A protection rate among all 5-year-old children (born 1964) as at 31st December 1969 is shown in the Vaccination and Immunisation Tables on page 103.

9-year-old Pupils

In accordance with recommendations from the Home and Health Department, reinforcing diphtheria/tetanus immunisation of this age group has been discontinued. Primary courses of such immunisations are, however, offered to primary school children of any age who are found to have escaped the pre-school or school entry immunisation programmes, provided their parents give consent.

Poliomyelitis Protection

5-year-old School Entrants

Policy is the same as for Diphtheria/Tetanus, using Salk vaccine by the oral route. Older pupils in primary school also receive the same treatment as for Diphtheria/Tetanus.

During the session 3,789 pupils received oral vaccine, mainly school entrants receiving reinforcing doses.

Poliomyelitis protection rate among 5-year-old school entrants to Education Authority schools was found by Medical Officers to be 89 per cent (Tables I and II refer).

13-year-old Pupils

Plans have been prepared to introduce, with consent of parents, reinforcing poliomyelitis vaccination for 13-year-old children in secondary schools during the coming session.

INFECTIOUS DISEASE

Pupil absence from school due to infectious disease showed a decrease last session, largely due to the biennial fall in measles. The effect of measles vaccination on the school child is still awaited with interest.

Scabies

School absence figures showed a decrease of 65 on last session, coupled with a slightly lower clinic attendance figure for school children.

Cases and Attendances at Scabies Clinic

Year	Age 0–5 Years	Age 5–15 Years	All Ages	Total Attendances
1960	46	121	229	854
1961	38	125	234	772
1962	61	157	290	865
1963	50	193	361	1,102
1964	63	178	323	906
1965	53	149	263	824
1966	37	144	264	744
1967	32	104	383	602
1968	40	117	316	884
1969	53	145	329	903
1970	37	105	142	410

TUBERCULOSIS

B.C.G. Vaccination

Policy has remained the same, vaccination, preceded by Heaf Testing, was offered to all 13-year-old pupils attending schools under the management of the Education Committee and also those attending 22 private and independent day and boarding schools in the city.

5,831 pupils were Heaf Tested, with results showing a slight increase in the natural positivity rate to 6·7 per cent in local authority schools and 7·3 per cent in the independent and private schools.

The incidence of weakly positive reactors was 75·1 per cent of the total positive reactors.

Full statistical details are shown on page 94.

Mass Radiography Examination

Pupils aged 13 years and over, known to be tuberculin positive by natural conversion or to be strongly tuberculin positive by B.C.G. vaccination conversion, were advised chest X-ray, and facilities were made available through the Medical Director of the Mass Radiography Unit.

One case of active pulmonary tuberculosis was diagnosed among 1,260 pupils X-rayed. This was a girl of 13 years with a Heaf Test Grade I positive skin test who was found to have minimal pulmonary tuberculosis, and her father suffering from far advanced pulmonary tuberculosis was regarded as the source case.

School Leavers

School leavers known to have a high sensitivity to tuberculin (Heaf positive Grade III and Grade IV) were again notified to the Senior Medical

Officer for Infectious Diseases and arrangements made for them to be called by personal postcard to the Mass X-ray Unit.

104 school leavers were notified, and by July 1970, 104 had been called and 45 had attended for X-ray. Normal chest X-rays were reported in all cases.

Pulmonary Tuberculosis Notification and Follow-up Surveys in Local Authority Schools

	1966	1967	1968	1969	1970
Notifications amongst School Children (all ages) ..	19	18	12	12	14
Notifications amongst School Staff	2	1	2	1	—
Pupil Contact Surveys: Number Tuberculin Tested	195	59	61	40	—
Active Pulmonary Tuberculosis Cases found on X-ray ..	—	—	—	—	—

Further analysis of the 14 notified pupil-cases by age, reveals that 11 were below the age at which B.C.G. vaccination is at present offered.

In all of these an adult source case within the family was found.

A further case was discovered at routine pre-B.C.G. vaccination Heaf testing in school, and the remaining two were 15-year-old (male) symptom cases who had received B.C.G. vaccination in school three years previously.

THE HANDICAPPED CHILD

Aged 2-5 years

During the session 1969–70, 102 home visits by Medical Officers were paid to such children, placement in ordinary and special nursery schools was provided in approximately 58 cases.

The two special nursery groups for handicapped children continue to work to capacity, each having a small waiting list ready to take the places vacated when children move on to appropriate special education.

A few extra places for physically handicapped children will, it is hoped, be ready for the new session.

Assessment of these severely disabled children continues on the multi-disciplinary basis, to the benefit of children and professionals alike.

Thirty-one children of pre-school age were referred to the Child Guidance Service for assessment as likely to require special education as mentally handicapped pupils.

Ascertainment of Mental Handicap

During the year 123 children (68 boys and 55 girls) were referred to the School Health Service for medical examination under Section 63(2) of the Education (Scotland) Act 1962. This represents an increase of 45 pupils (over 50 per cent) on last session.

These examinations were carried out by School Medical Officers suitably qualified in ascertainment and in certification of mental handicap. Thereafter, relevant reports and recommendations were passed to the Director of Education by whom the following procedures were implemented.

	Session 1968–69			Session 1969–70		
	Boys	Girls	Total	Boys	Girls	Total
1. Pupils ascertained and transferred to Special Schools ..	27	26	53	74	53	127
2. Pupils ascertained and transferred to Junior Occupation Centre	2	4	6	3	9	12
3. Pupils ascertained and for whom no Special Educational facilities were available	—	—	—	—	—	—
4. Pupils notified to Social Work Dept. Section 66B Education (Scotland) Act 1969	2	—	2	5	6	11

Special Educational Treatment

Special educational provision for the designated categories of handicap was made as follows:

Category of Handicap	Number of Pupils on Roll			
	July 1969		July 1970	
	Residential School	Day School	Residential School	Day School
Children with Visual Handicap:				
Blind	10	—	8	—
Partially Sighted	—	49[1]	—	70[1]
Children with Hearing Defect:				
Severely Deaf	12	30	9	31
Partial Hearing	—	100[2]	—	102[2]
Epileptic Children	1	12	—	12
Children with Physical Handicap (including Cerebral Palsy)	26	130	25	145
Mentally Handicapped Children (including trainable group)	107[3]	543	109[3]	568
Maladjusted Children	52	44	66	75
Children with severe Multiple Handicap ..	8	31[4]	11	35[4]
TOTAL ..	216	939	228	1,038

[1] Includes 21 and 37 children from areas outwith the city.
[2] Includes 40 and 43 children from areas outwith the city.
[3] Includes Regional Hospital Board provision.
[4] Cerebral Palsy children with severe physical and varying grades of handicap.

Children with Speech Defect

The pattern showed little change amongst referrals for speech therapy; there was the usual sex predominance of 2:1 boys and girls. The maximum age range for referral was amongst 5–8-year-old pupils of both sexes and the most frequent speech disorder was immature dyslalic speech.

As a result partly of a further decrease in the number of referrals and a further increase in the throughput of cases, the speech therapists finished the session with a considerably reduced waiting list.

Table on page 95 gives a summary of their work.

Visiting Teacher Service

Provides for two categories of children:

1. The severely handicapped home-bound child.
2. The child requiring prolonged hospitalisation where there is no established hospital school or class.

During the session 83 pupils, mainly of secondary school age, received their education in this way.

A diagnostic analysis of cases continues to show that accidents and congenital abnormality are the main conditions requiring home or hospital tuition. It is satisfactory to report that only five pupils had been on home or hospital teaching for more than one year, and only a further three pupils had required the service for over six months. The remaining 75 pupils were reintegrated to special or ordinary school within six months.

PUPILS ON THE VISITING TEACHERS' ROLL DURING THE SESSION

Disability	No.	Disability	No.
Accidents	18	Orthopaedic—Acquired (excluding fractures)	5
Asthma	2	Pregnancy	3
Cerebral Palsy	1	Renal Disease	6
Congenital Abnormality	9	Rheumatism	4
Diabetes	1	Skin Disease (mainly in hospital)	14
Haemophilia	1	Tuberculosis (Pulmonary)	1
Leukemia	2	Others	13
Muscular Dystrophy	2		
Meningitis	1		
* Total Number of Cases: 83			

* These figures include 67 children in hospitals who received tuition from visiting teachers.

THE HANDICAPPED SCHOOL LEAVER

Medical and nursing staff continued to work closely with Careers Officers and Educational Psychologists to give maximum assistance to handicapped pupils leaving school. Case conferences were held at which head teachers were also present along with, in some cases, a representative from the Social Work Department to evaluate the employment potential of the pupils, and determine which agency could most appropriately take over their management.

Thirty-five special school leavers considered capable of open employment attended the short pre-work experience courses at the Ministry of Labour Industrial Rehabilitation Unit in Granton.

These courses have now been operating for almost three sessions and much valuable experience has been gained both by staff and participants. The Principal Careers Officer is studying the employment histories of the participants.

During the year, fifteen less able mentally handicapped school leavers were formally notified to the Health Authority under Section 66E Education (Scotland) Act 1969 as likely to benefit from the services provided by the Social Work Department.

REGIONAL REMAND HOME

The new Remand Home opened in September 1968, with places for 40 boys and 12 girls, and during the session under review, 1,050 medical examinations were carried out, a further increase on last year.

Boy admissions from Edinburgh on a criminal charge, along with girl admissions on petition from both within and without the City showed a substantial increase.

Table on page 91 summarises the medical work for the session.

MORTALITY AMONGST SCHOOL CHILDREN 5-14 YEARS

From the Table on page 93 it can be seen that the fall in mortality shown last year has not been maintained. The total deaths were up by 13, with the increase occurring amongst a scatter of several causes including malignant disease and leaving the major cause—accidents and other forms of violence—unchanged.

DENTAL SERVICES

Introduction

The changing pattern of dental services provided by local health authorities and first reported in detail last year has steadily gained momentum, manifested as a continuing shift of emphasis from a service primarily concerned with remedial dentistry to one increasingly involved with the prevention of dental diseases. Of necessity this is a relatively slow process, since new concepts and new methods have to be assimilated, learned and put into practice.

The five dental teams designed to provide total systematic care, and first introduced last year, have functioned satisfactorily, handicapped only by a small, but persistent shortage of trained auxiliaries and a failure of parents to appreciate fully the advantages of a system geared to maintain children in a continuous state of positive dental health with minimal incremental disease.

Computer charting, introduced at about the same time, is now beginning to yield information which will enable dental officers to plan and evaluate treatment programmes with much greater accuracy and in time to replace absolutely the empirical method of assessment.

For the third consecutive year the percentage acceptance rate for treatment has risen and now stands at 57·7 per cent, the highest on record. While this figure has been subject to fluctuation from one year to another the trend is now clearly upward and may reflect an increasing demand for treatment and a growing confidence in the service provided. Encouraging as this trend is, it nevertheless increases the demands on an already over-stressed service. New housing developments further strain these resources. Nowhere is this more critical than in the Wester Hailes district where by 1974 it is estimated that the total population will have grown to over 20,000 while the primary school population is expected to exceed 2,500. At present no plans exist for the provision of a dental service in this area and the Education Authority, responsible for the school dental service, is unable to make the necessary financial provision. There is also growing concern that a suitable replacement for the Central Dental Clinic, due for demolition in 1971, will not by found in time in a situation suited to the schools it presently serves.

The high hopes of early fluoridation of the City's water supply following acceptance of the Health Committee's recommendation in December 1969 have not been realised and until such time as the South Eastern Regional Water Board accedes to the wishes of the majority in its area alternative, but less effective, methods must continue to be pursued.

Statistical Analysis

Despite the changing emphasis from remedial dentistry to preventive dentistry a breakdown of the statistical return reveals that the high output of recent years has been more than maintained. Attendances for treatment total 57,602, the highest on record. However, the treatment requirements of the school population are such that it has proved possible to examine only 43 per cent of children routinely at school and to complete treatment to the point of dental fitness for only 10,366 children, or 15·7 per cent. In spite of an excellent general practitioner service in the city it is abundantly clear from the figures given on page 96 that many children are not receiving the treatment required since of 28,296 children examined 21,257, 75 per cent, required treatment. Such a situation must continue to give cause for concern.

The number of operative procedures of all kinds increased slightly over the previous record year. One factor not revealed in the tables is the increasing sophistication of treatment provided resulting from a policy which permits professional staff to attend post-graduate courses of study and wholly to be commended.

Dental Health Education

However difficult it may be to measure precisely the effort of conventional dental health education on a child community, and although, as reported recently, a somewhat harassed infants' mistress, while welcoming the oral hygienist, was heard to say to one of her own staff (sotto voce), "There's always something; it's raining, and it's dental!" There is no doubt that the reiteration of the dental message has awakened in lively young minds an interest to pursue and a willingness to activate on knowledge acquired. The concept of the healthy mouth as an integral part of a well-functioning body is gaining ground.

This process has been given renewed impetus by the appointment of Mr W. A. Wishart in September 1969 to the post of whole-time preventive officer. The duties of this new appointment include the planning, supervision and evaluation of all preventive and educational programmes within the service.

Throughout the year the dental health education programme has been carried through mainly by hygienists and auxiliaries who spent 949 half-day sessions group-teaching within schools under the direction of the senior preventive officer. During one term and in four allocated schools valuable assistance was given by the trainee oral hygienists from the School of Oral Hygiene, Edinburgh Dental Hospital.

Impact is made on the five-year-old school entrant. He is given a dental hygiene kit following his first official lesson in dental health and a month later a Happy Smile badge, which is a prized possession to a child of this age group. One little boy requested his mother to write the family's new address on his club card so that the badge might be sent to him at Harlow, Essex. A five-year-old girl who had lost her printed card presented the hygienist with one specially made and endorsed by her father who also wrote a complimentary letter to the senior dental officer on the efficacy of the annual campaign and deploring the higher rate of purchase tax on toothbrushes than on confectionery. The overall distribution comprises approximately 7,000 packs to ninety primary schools and children's homes.

A Dental Health Campaign covering all Scotland commenced in January 1970 and continued throughout the Spring and early Summer. The Campaign was designed to emphasise to the 15–21 year age group the need to continue treatment after leaving school and that, at that time, treatment was available free of charge, apart from the cost of dentures. Posters and leaflets featuring the Campaign were distributed among all secondary schools in Edinburgh to a total of 2,000 posters and 10,000 leaflets. A small plastic card carrying useful information on decimals on one side and on the reverse side the message of the Campaign, was widely circulated among students, apprentices and young working people, and where possible, was included in the wage packet. The distribution of these cards exceeded 60,000.

Nursery schools and playgroups have received a very attractive wall frieze depicting morning and evening toothbrush drill. This excellent visual aid prepared, like so many others, by the Oral Hygiene Service, is eminently suitable for the pre-school child since it is so colourful and contains no writing. Also in process of preparation is a small and attractive folder giving the essentials of dietary counselling for mothers attending child health centres.

Prevention

There is an increasing awareness that, despite the great need for remedial therapy, dental caries is a preventable disease, and if there is to be a general raising of the standard of community health, teaching and pursuance of preventive measures are priorities. In the absence of fluoridation of the public water supply these measures include clinically a 0·2 per cent sodium fluoride rinse for every child following each treatment visit, and, for those who are under systematic dental care, a topical application of acidulated phosphate fluoride once per year and twice per year for those who demonstrate a predisposition to caries.

Communally 1,500 children in ten primary schools now rinse fortnightly with a 0·2 per cent sodium fluoride solution and 85 per cent of parents have allowed their children to participate in this measure. Helped by the photographic expertise of Dr. C. E. Chapman, Senior Lecturer in Conservation in the Edinburgh Dental Hospital, an 8 mm. colour film has been made to show how quickly and efficiently a class of children can rinse, supervised by auxiliary personnel, without undue interruption of school routine. The film, which was made at Gracemount Primary, has been shown by the Preventive Officer to headmasters and staff in other schools where mouth-rinsing was envisaged and at various parent–teachers' meetings. It was also included in the scientific film display at the 1970 British Dental Association Conference, and more recently at the Day Course held annually in London for trainee oral hygienists in the United Kingdom. The film has evoked much interest and many enquiries have been received.

Orthodontic Treatment

A further increase in the number of new cases is reported, bringing the total number of malocclusions under treatment during the year to 722. Of this number 189 were concluded satisfactorily and 41 (5·6 per cent) cases were discontinued or discharged as unsatisfactory.

The growing imbalance between the number of new cases and those completed may require some restriction on the number of new cases undertaken next year. There is ample evidence to suggest that a full-time orthodontist would be a considerable asset to the service and consideration must be given before long to this possibility.

Dr. W. Russell Logan retires in December after nineteen years as Regional Hospital Board Consultant to the school dental service. He takes with him the grateful thanks and good wishes of all who have known him and benefited from his services over the years.

Oral Surgery

The consultant oral surgery service continues to be provided at Sighthill Health Centre on a regular sessional basis as in previous years. Thirty-six cases were referred for consultation and treatment and nine cases were further referred to the Eastern General Hospital for in-patient care.

Treatment of Handicapped Children

The difficulties under which dental officers currently meet the dental needs of handicapped children relate mainly to the problems set by the handicaps, but also from transport to and from centres of treatment and, disappointingly, lack of parental interest and co-operation. Nevertheless further progress has been made towards a comprehensive service for the dental care of handicapped children. Plans for a mobile clinic equipped for full dental treatment have been approved and it is hoped that this unit will be in operation during 1971.

There has been an encouraging number of referrals to Edinburgh Dental Hospital and the Royal Hospital for Sick Children of those patients who are unable, because of their handicap, to receive full treatment as out-patients, but who can be managed successfully as in-patients. More of these children are being referred back to the clinic nearest their home or school for further routine examination and preventive care.

Further plans, to take effect when the mobile unit is operational, include the completion of a comprehensive register of all handicapped children. The register is being compiled initially from the records of children assessed and under treatment but co-operation from all other agencies dealing with handicapped pre-school and school children will be vital.

It is important that all who care for handicapped children realise that such children require full dental care as do other children. Parents of handicapped children must be encouraged, as part of the total care of their children, to seek and maintain their dental health. In this group the importance of examination at an early pre-school age, advice to parents on the preventive value of topical and systemic fluoride combined with a restriction on all sugar-containing foods between meals, and of continuing regular examination and treatment, cannot be over-stressed.

Surveys

1. The longitudinal survey in co-operation with Professor J. N. Mansbridge of the Department of Preventive Dentistry, University of Edinburgh, was continued into its fourth year. 391 seven-year-old and 417 eight-year-old children were examined in the study to provide information on the effectiveness of conventional methods of dental health education and to compare the results against (*a*) a control group of children of similar socio-economic status and *(b)* a group of higher socio-economic status. Interim results show no statistical difference between the experimental group and group *(a),* but a lower carious experience in group *(b)* when compared with either the experimental group or group *(a).*

It remains, however, too early to reach any final conclusion, particularly on the long-term effect of dental health education as currently practised.

2. A second joint longitudinal study with the Department of Preventive Dentistry into the use of mouth rinsing with a 0·2 per cent solution of sodium fluoride every fortnight in school as a method of reducing incremental caries was continued into its third year.

Results to date show no statistical difference between the experimental and control groups. This may be explained by the very poor state of the primary dentition at the outset of the study, but it is anticipated on the published results of similar studies that the efficacy of the method will become apparent as the permanent dentition erupts.

Undergraduate Visits

All fourth-year dental students from Edinburgh Dental Hospital attended the Central Dental Clinic to study the local authority dental services when particular emphasis was placed on the preventive aspect of the work. Visits were also arranged to regional clinics and to Sighthill Health Centre where other aspects of the service were studied. The Chief Dental Officer delivered a series of lectures on dental public health to final-year dental students.

Establishment

Only the Dental Auxiliary grade has been under establishment for any substantial part of the year. This situation is unlikely to improve until the number of auxiliaries trained each year is increased considerably and until such time as a school for dental auxiliaries is established away from London and in the northern part of the country.

Some difficulty has been experienced in recruiting dental surgery assistants of the right calibre which can only be remedied by an overall improvement in their terms of service.

Conclusion

While it is gratifying to see improvements in the service provided and changes which will lead to a better standard of dental care the rate of change is much too slow to effect the kind of dramatic progress in dental health which is so urgently needed.

The temptation exists to be too easily satisfied with what has been achieved. So long as the service fails to meet its statutory obligations and ignores its moral responsibility for providing comprehensive dental care for all priority groups there remains no room for complacency.

On the evidence provided by the work of the past year only the introduction of water fluoridation or a substantial increase in the number of ancillary personnel will make proper provision for the dental needs of the child community.

SECTION III

NURSING AND ANCILLARY SERVICES

(a) District Nursing Service

(b) Health Visiting Service

(c) College of Health Visiting

(d) Cervical Cytology

DISTRICT NURSING SERVICE

The routine day-to-day work of the District Nursing staff continued at a satisfactory level throughout the year and while development in some aspects of the service was impeded due to financial restrictions, a certain amount of progress was achieved. It is encouraging to have an adequate nursing establishment and to be able to be selective in the appointment of nursing personnel.

District Nurse Attachment to General Practice

There has been a further increase in the number of attachments and the four commencing during the year are working well. It is, however, disappointing to realise that if a growth rate of four attachments per annum can only be obtained, it will take a number of years before all practices in the City can be covered. The advantages to patients of having nursing staff attached to group practices is so obvious that it is unfortunate that one section of the community will not have the benefit this arrangement affords due to lack of, among other things, transport facilities for nursing staff.

Planned Early Discharge of Patients from the Northern Hospital Group following Surgery

During the year 338 patients have been followed up at home on discharge from hospital and 2,679 visits were made to them. It is felt that planned early discharge follow-up of surgical cases from the other hospital group in the City could also be undertaken and the district nursing staff would be very willing to do this but so far the offer made to the Group has not yet been taken up.

Out-Patient Surgery

Since this scheme started at the Western General Hospital in January 1970 47 patients have been treated for the following conditions:

Inguinal Hernia; Varicose Veins; Haemorrhoids (Lord's technique)

The arrangement has worked well and the patients have expressed their appreciation of this service and very good co-operation has been established between surgeons, general practitioners and the district nursing staff. The patient is referred by his own doctor to the surgeon following consultation and having received the patient's consent to have this form of treatment the district nursing service is informed. A district nursing sister makes a routine visit to the patient's home a few days before his admission to hospital. At this point post-operative treatment and the preparation of the patient's room is discussed with the immediate family. The patient is sent the appointment letter from the hospital.

The patients treated have valued this special arrangement. On the day of operation the patient is visited by the district nursing sister when he returns home by ambulance in the late afternoon and a further visit is made in the evening to ensure that the patient's condition is satisfactory and that the relatives have no problems. On the first and second day following the day of operation the patient is visited in the morning, afternoon and evening. Thereafter visits are made once daily. The nursing staff are very pleased to have been invited to participate in this scheme and the patients have appreciated being offered surgery at a much earlier date than would be possible if they were continuing on the original waiting list. To date the ratio has been one patient per week although on a few occasions two patients have been treated on the same day.

Liaison with Hospitals

In the autumn 16 district nursing sisters attended the Royal Edinburgh Hospital in groups of four during a period of four weeks, for a week's programme of in-service instruction. Our thanks are due to the Medical Superintendent and to the Principal Nursing Officer for making this possible.

Paediatric Home Nursing Pilot Scheme

A district nursing sister who is also a Registered Childrens' Nurse has been engaged on this project since August 1970. She visits the Royal Hospital for Sick Children daily and the other childrens' units in the City three times a week. It is felt that this scheme should be beneficial to young children. So far 132 children have been attended to following discharge from hospital and 603 visits have been made to them.

District Nurse Training

During the year recruitment has continued at a steady level and students from other authorities as far apart as Lewis and Roxburghshire have come for training to the Edinburgh District Nurse Training Centre.

Voluntary Organisations

We are most grateful to the several organisations that have given assistance during the year and the services rendered by them has been of additional benefit to the patients in our care.

Courses

In September a two-week residential course for District Nursing Sisters Working in Group Attachment was undertaken. This course proved very helpful to the nursing staff attending and we are grateful to the various lecturers who participated. A course for District Nurse Students–Practical Work Instructors was also held at the Centre during the year.

Sighthill Health Centre

In all 4,757 patients attended and 14,019 treatments were undertaken at the Centre. The nursing staff continue to be employed on a part-time basis. Towards the end of the year a slight change was made in the Clinic sessions. There is no longer a Saturday evening session from 5–8.30 p.m. as it was found that very few patients attended at this time and that the patients who did attend could have equally well attended an earlier session. The sessions now are: 9 a.m. to 1 p.m.; 1 p.m. to 5 p.m.; 5 p.m. to 8.30 p.m. from Monday to Friday inclusive. Saturday 9 a.m. to 1 p.m. and 1 p.m. to 5 p.m. and the Treatment Room continues to be open between 10 a.m. and 11 a.m. every Sunday.

Obituary

Miss Gilmour the former Superintendent who retired in September 1964, after 12 years in the Home Nursing Service, died in May 1970.

HEALTH VISITING SERVICE

In spite of the many imminent changes in the health services, at no time have the services of the health visitors been in such demand by so many people. Overall, 1970 has been a year of steady progress towards a more integrated health service by all health workers, not least the health visitor as indicated by two facets of her work, general practice attachment and hospital liaison.

Health Visitor/General Practitioner Attachment

In Edinburgh, attachment is arranged in accordance with the Scottish Home & Health Department recommendation. The health visitor carries out her duties with the patients and families registered with the group practice, instead of working in a prescribed geographical district. There are nineteen health visitors working with forty-seven general practitioners in this setting and more attachments are planned. In several instances, a district nursing sister is also attached to the group practice, thus forming a complete community team. The health visitors concerned find job satisfaction in this method which benefits both patients and general practitioners, although the work of doctor and health visitor increases as their partnership uncovers fresh need hitherto not revealed.

In addition, a number of health visitors work very closely with the family doctors in their area without being on full attachment.

Hospital and Health Visitor Liaison

This service has been further extended in 1970 with the number of referrals as shown in the table below. It is difficult, however, to provide an accurate figure of the number of mental hospital patients, partly because many of them are re-admitted.

Number of referrals by hospital staff to health visitors	10,428
Number of referrals by health visitors to hospital staff	1,219

Staffing Situation

Although the work of the health visitor has been extended in recent years to include assessment of medical and social needs among the population of all ages, particularly the elderly, the establishment of health visitors has not been increased. One of the reasons for this was the difficulty of recruiting suitable staff to fill the posts on our present establishment, but towards the end of 1970 the position improved and representations were made to obtain a more realistic establishment.

Over the years the value of ancillary staff, both the school nurse and the health assistant, has been demonstrated. In the years of health visitor shortage and the extension of her work, the use of ancillary staff has meant that the skills of the health visitor are conserved for the more highly specialised duties.

In 1970 four health assistants paid 1,972 visits, making a considerable contribution to the whole service, while fifteen school nurses, working under the supervision of the health visitors, formed an essential part of the school health team.

Although in former years many of the staff reaching retiral age had given 25–30 years continuous service to health visiting, this is now becoming a rarity with the earlier age of marriage. The wealth of experience provided by these long-service health visitors for the benefit of the community is now being replaced by the new ideas and modern outlook of young (often married) health visitors, often after previous experience in other areas.

Teaching and Learning

A further benefit of hospital liaison is that health visitors are often invited to participate in senior staff study days organised by our local hospitals. This year, in contrast, twenty-five ward sisters were invited to join twenty-five health visitors and district nursing sisters for a study day organised by the Health Visiting Section, and held in Springwell House. This proved to be intensely interesting and was much appreciated, particularly by the hospital staff. These exchanges of ideas encourage the integration which should be fostered by the advent of area health authorities.

Thirty-three health visitors have attended refresher and training courses on varying topics including management during the year.

The opportunity of visits of observation to gain experience with health visitors has been given to 200 students during 1970 including student hospital nurses, student health visitors, post-registration students and the "integrated degree" students from the Edinburgh University Nursing Studies Department. Programmes have also been arranged for nurses and doctors from as far apart as New Zealand, Nigeria and the U.S.A.; these visits invariably provide a two-way exchange of information beneficial to all those concerned.

Health Education

As an integral part of their invaluable health education activities, health visitors have participated in formal and informal teaching of both small and large groups. Whenever possible the district health visitor for the locality is the speaker to organisations which request health talks on a variety of topics. Health visitors have also helped in Duke of Edinburgh award schemes in the role of lecturer and examiner. The work of health visitors in the school health education programme is described elsewhere.

Special Groups

From time to time new requests are made for advice and help from health visitors. In 1970, these included visits to missionary families home on furlough, long-stay immigrant families and army families. There is a large turnover of army families in certain parts of Edinburgh and this necessitates quick and accurate communication with the army authorities who have been most helpful in supplying addresses and in encouraging families to take advantage of all aspects of the Child Health Service.

Tuberculosis Health Visiting

There is still a small nucleus of health visitors who concentrate on diseases of the chest. The tracing and follow-up of contacts is comparable to the work of a detective in more than one sense of the word and involves visits to factories and common lodging houses in addition to home visits. Certain patients suffering from bronchial carcinoma are visited at the request of the consultant physician and support is given to the relatives by health visitors who refer to other appropriate services as required.

Mrs J. T. Murray, group adviser health visitor in the tuberculosis section who was successful in winning a Chest and Heart Association scholarship, took the opportunity afforded by the grant to study hospital and local authority services in London in this specialist field.

Family Planning

Health visitors attend training courses arranged in conjunction with the Edinburgh branch of the Family Planning Association, whose staff have been most co-operative. This ensures that health visitors keep in touch with modern trends and so may offer up-to-date advice and help to publicise this invaluable service.

Screening Tests for Ascertainment of Hearing Defects

A considerable increase is shown in the number of children screened by health visitors in 1970:

1. Total Number of children who have been tested by health visitors	4,845
2. Number of children who failed screening test the first time	224
3. Number of children who failed screening test the second time	33
4. Number of children referred for further investigation	33

Child Health Centres

In spite of the increasing number of health visitor/general practitioner attachments, many mothers still take full advantage of the services available at the Child Health Centres for all children under five years, for pre-natal classes and health education.

Home Accidents

Health visitors have continued their vigilance and teaching in the homes in an effort to reduce home accidents and to urge prevention wherever possible.

Professional Activities

Some health visitors are members of such bodies as hospital management committees and the General Nursing Council for Scotland; whilst some hold office, in their spare time, in professional organisations. Three health visitors volunteered to help at weekends in the 1970 Commonwealth Games Village Nursing Service. One health visitor gave her services as resident nursing sister at a summer holiday camp for epileptics. Several others helped at weekends with a holiday project for deprived children.

HOSPITAL REFERRALS, 1970

Hospital	*Number of cases referred from Hospital to Health Visitors*	*Number of cases referred Health Visitors to Hospital*
Geriatric Patients		
City Hospital	29	6
Longmore Hospital	48	50
Astley Ainslie Hospital	374*	Not available
Bruntsfield Hospital	3	2
Liberton Hospital	24	2
Southfield Hospital	21	4
Princess Margaret Rose Hospital . .	45	18
Maternity Patients		
Eastern General Hospital	570	56
Elsie Inglis Maternity Hospital . .	1,304	142
Simpson Memorial Maternity Hospital	4,567	688
Western General Hospital	1,322	—
Child Patients		
City Hospital, infectious diseases 0–15 years	1,009	19
City Hospital (Ear, Nose and Throat)	44	14
Leith Hospital	834	14
Western General Hospital	582	73
Royal Hospital for Sick Children . .	299	104
Others		
City Hospital (15–55 years) . .	21	2
Psychiatric Patients		
Royal Infirmary, Self-Poisoning Unit	155	25
Royal Edinburgh Hospital	—	—
TOTAL . .	10,428	1,219

* Includes 121 for follow-up by health visitors.

† There are a number of referrals from hospital staff to the health visitors but because of the considerable number of re-admissions, it is difficult and inaccurate to give a figure; see note on page 31.

COLLEGE OF HEALTH VISITING

The 1969–70 course commenced in the third week of September with a total of 29 students.

The theoretical content of the course was covered by an excellent team of lecturers from the University of Edinburgh, consultant staff from many local hospitals, Moray House College of Education and members of the department's medical and nursing staff. Other lecturers from allied statutory and voluntary services also participated. The interest and enthusiasm of all concerned were much appreciated by students and tutors alike.

Arrangements for practical work followed a similar pattern to those of previous years. Fifteen fieldwork instructors in Edinburgh and surrounding counties were responsible for teaching in the practical field, maintaining a close liaison with the tutorial staff. Fieldwork instructors attended a number of teaching and discussion sessions in the training centre. Other members of the health visiting staff and personnel in allied services also participated in practical training thus ensuring as wide an experience as possible for the students.

Following established procedure, in accordance with the Rules of the Council for the Training of Health Visitors, each student submitted four family case studies and a project which formed the basis for the oral examination.

The examinations were organised by the staff of the training centre. Dr. G. Drummond, Medical Officer of Health, Durham, and Miss F. E. Hunt, County Nursing Officer, Newcastle, acted as External Examiners.

All 29 students were successful in the final examination which followed the required period of practical work placement under the supervision of experienced health visitors. Superintendent Health Visitors and County Nursing Officers of the sponsoring authorities were most helpful in making arrangements for these placements.

Fieldwork Instructors' Courses

Two non-residential courses were held at the College, the first extending over a 6×5-day period and attended by 15 senior health visitors from many parts of the United Kingdom. The second course lasted for a 2×5-day period and was attended by 8 experienced fieldwork instructors. These courses were carefully evaluated, and proved generally successful in preparing senior and experienced health visiting staff to carry out teaching roles with future students.

The tutorial staff of the College gained a great deal from these courses with the interchange of information which takes place.

Wider Basic Nurse Training

The General Nursing Council for Scotland continued discussions about proposed changes in the requirements for student nurses undertaking basic training for the general register. As a result the changes envisaged in last year's report did not materialise.

The programme of three weeks introduction to community care services continued as before with a total of 354 student nurses attending the theory block arranged in January, May and September—and 212 student nurses observed the practical aspects of district nursing, health visiting and the work of the sanitary inspector during the year in the city and the counties of East Lothian and West Lothian.

There continues to be very close co-operation and liaison with the teaching staff of all the hospitals involved and special mention must be made of the district nursing sisters and health visitors who continue to afford practical experience for the student nurses so willingly.

The Committee on Nursing under the Chairmanship of Professor Asa Briggs, set up this year, may well, in the not too distant future, suggest changes in the preparation of the nurse at basic and post-basic levels. The outcome of this Committee's deliberations are eagerly awaited, and it is hoped that any changes suggested will bring an even closer integration within basic and post-basic nursing education.

Visitors to the College

There were many overseas visitors to the College throughout the year. They came from Scandinavia and countries of the Commonwealth, and enabled the staff to gain information and knowledge of nursing practice and education in other countries.

Facilities for teaching practice were also made available for students undertaking post-registration courses at the Royal College of Nursing, London, and the Nursing Studies Department of Edinburgh University.

CERVICAL CYTOLOGY SERVICE

The number of cervical smears taken at the two hospital clinics during the year was 1,579, of which 12 were recalled for further investigation and half of these were positive. The breakdown in decades is as follows:

	Under 20 yrs.	*20–29*	*30–39*	*40–49*	*Over 50 yrs.*	*Total*
Negative	6	253	578	489	261	1,567
Recalled	—	1	7	1	3	12
Positive	—	—	3	1	2	6

A clinical gynaecological and breast examination is also made and several conditions are found meriting referral to family doctors. During the year 20 women were referred because of breast pathology. Of these, 12 were referred by their G.P.s to consultants and 9 required biopsy to verify the absence of carcinomatous change.

There were requests for the cytology service for female staff of several large government departments in the city, and the first office sessions were begun in December when 140 women were screened.

SECTION IV

MEDICO SOCIAL SERVICES

(a) Care of the Aged

(b) Chiropody

(c) Mental Health Services

CARE OF THE AGED

Assessment of applicants for Residential Care (Part III Accommodation) continued as formerly. The most noticeable change is that a high proportion (around 75 per cent) of cases are now of the frail ambulant type but this change has been developing over the past few years and is common throughout Scotland. Residential homes for the aged must be adapted and staffed to meet this demand.

No outbreak of an infectious nature occurred within the Corporation Homes and the standard of general health, nourishment and comfort was maintained. The ancillary services continued, e.g. chiropody and, on request, physiotherapy from Gilmore Place Orthopaedic Clinic.

There were no compulsory removals in 1970 under Section 47 of the National Assistance (Scotland) Act 1948. Several requests for action were made but in all cases it was found gossible to avoid legal action.

The exchange system between geriatric hospitals and residential accommodation continues, but there is considerable delay in execution. Cases which have been admitted as medical and surgical emergencies to general hospitals have to be reassessed by this department before return to residential homes.

Good liaison with general practitioners, hospitals and other bodies was maintained although since the advent of the Social Work Department extraordinary failure in communication greatly jeopardised this understanding until it was made quite clear that medical assessment was not the cause of delay.

CHIROPODY SERVICES FOR THE ELDERLY

As reported last year, the chiropody services for the elderly were reorganised in February 1969, following the appointment of a chief chiropodist, and for some considerable time thereafter it was possible to meet all reasonable demands.

However, during the present year the ever-increasing number of people of pensionable age has again greatly increased the demand for services.

There has always been reluctance to create lengthy waiting lists, but in avoiding this there has been an inevitable extension of the periods between treatments. This is not only often most distressing to the patients concerned, but is discouraging to the staff, who see improvements lost due to the longer treatment intervals.

On average, the desirable period between treatments is eight weeks, but by November the interval in the domiciliary service had stretched to between twelve and fifteen weeks, with a waiting period of some five weeks for a new patient to receive a first visit. For the clinic service the interval is ten to twelve weeks, with a six-week wait for the first appointment for a new patient.

It was therefore obvious that the staff of fifteen full-time chiropodists and one part-timer serving the elderly was inadequate, and when the circumstances were reported to the Health Committee, they recognised the need to expand the service. The recommendation for an extra three chiropodists was based on an increase in the chiropodists' register of new patients in the first eleven months of the year, of over 1,200 at the clinics and another 400 requiring domiciliary treatment.

There is, of course, no reason to doubt that this increase of patients requiring treatment will continue at a rate similar, if not greater than during 1970. However, if it is possible to recruit these extra chiropodists—two for clinical services and one for the domiciliary service—and to relieve the chiropody staff of clerical duties, it is hoped that the service will be able to cope with the increased demand and greatly reduce the unsatisfactory interval between treatments.

CHIROPODY SERVICE FOR THE ELDERLY—1970

	No. of Patients Treated	*No. of Attendances for Treatment*
Clinics	6,779	34,951
Corporation Old People's Homes ..	335	1,732
Domiciliary	2,100	8,358
	9,214	45,041

MENTAL HEALTH SERVICES

The following duties were carried out by a part-time medical officer in the department on behalf of the Social Work Department and the work fell into three main groups:

1. The duties of the "Responsible Medical Officer" were discharged in accordance with the provisions of the Mental Health (Scotland) Act 1960 for patients received into Guardianship. In December 1970 there were 27 patients of whom 15 were outwith Edinburgh. Each requires one visit annually as a legal minimum and the completion of the statutory report to renew the authority for Guardianship every other year.

2. Medical supervision and advice was provided at Slateford, Lauriston and Cameron House senior training centres and Longstone work centre. The suitability of trainees and potential entrants was assessed, often involving a home visit and a report to the appropriate area officer in the Social Work Department. Twenty mentally handicapped youths from Edinburgh were selected to attend the Industrial Training Unit at Gogarburn Hospital on a daily basis and the transport arrangements were put into effect on 9th November 1970. It has been arranged that six girls will commence attendance as day patients by March 1971.

3. Advice on mental health problems was given to any member of the Social Work Department, voluntary bodies, etc., who required help. This involved a considerable number of home visits and reports.

SECTION V

HEALTH EDUCATION AND RESEARCH

(a) Health Education and Research

(b) Operational Research

HEALTH EDUCATION AND RESEARCH

1970 was a year of great activity in health education and a rising awareness everywhere of the great need for the general dissemination of correct information about health and disease processes, and above all of stressing individual responsibility for health. Through the year the total programme of health education has been firmly reinforced, and steadily developed and expanded in those areas where most required.

Thoughtful consideration of the major causes of mortality and morbidity in the late '60s underlined that only change in personal attitudes and behaviour can bring improvement and this requires health education that is patient, repeated and inspired, for "man does not act from reason but reasons from his act". Those who claim quick success are possibly too uncritical, while those who look for speedy results are certainly doomed to be disappointed.

Technical advances, economic pressures and human frailties all combine to increase the need for priority in prevention and education for positive health to combat "anti-health" pressures and to improve the quality of life. Our efforts this year were directed to fill that need.

Community Health Education

Consultancy Service: The consultancy service developed rapidly and has been used by an interesting range of health educators and individuals. Teachers in both local authority and independent schools, industry and office welfare personnel, doctors, voluntary workers and students are only a few of those who have sought health education advice for a wide variety of topics and projects. Queries have come also from medical officers and headmasters of other areas, and there has been a worldwide influx of medical visitors from as far afield as Ceylon, Ireland, Finland and New Zealand. Many were directed also to our health education centre and appreciated the value of having such facilities for source material. It is good to know that the Edinburgh health education total programme is acknowledged and emulated elsewhere.

Schools: Relevant health advice is given to mother and child and to groups of pupils in every school medical room, and programmed sessions quietly increase.

Regretfully the promotion of the comprehensive scheme of health and social education for primary schools progressed very slowly in 1970, but school health staff continued to advise and support teachers, were occasionally invited into the classrooms to speak about some topics, and also spoke about children's health at parents' meetings.

Since there is as yet no general plan for secondary schools, each school proceeds autonomously. Wide is the resulting range of educators, approaches and programmes, varying from nothing up to comprehensive and encouragingly ambitious schemes. More and more headmasters and teachers are aware of what we have advocated for so long—the need for a broadly based programme of health and social education and the role the school must fulfil in supplying this.

As far as the school health service is concerned, staff have participated in programmes in 10 out of 24 secondary schools. Nine health visitors have regular sessions; one medical officer includes a course for first-year boys and girls, and another lectures on the venereal diseases to third-year girl leavers (the follow-up being ensured by the lady adviser). Important and valuable work is carried out in three schools for the mentally subnormal.

This year saw closer liaison with heads of departments and other members of staff and also a broadening of topics from the original "mothercraft" of eight of the schools. Progress is being made and one must be positive and hopeful about this. Nonetheless until every headmaster sees the value of such education for ALL pupils and includes not only health, disease and parentcraft, but also elementary psychology and ethics, and dares to face up to the need for knowledge about *all* of the 1970s health hazards, then far too little progress will be made. For the same old blocking questions are still asked "Will teaching not encourage experimentation" and "Where is the time to be found" and "Should we take over the duty of the parents".

School health staff have much knowledge and many skills to contribute, and since they are always health-orientated can often be the initiators and stimulators of health education in schools. "Communicate, participate and persevere" are the mottoes.

Campaigns: During the year we co-operated in the three national campaigns by augmenting in our daily contacts with people the one-way message given by the mass media deployed by the Scottish Health Education Unit, and also by distributing material. (1) In February, the *Dental* campaign was directed at the under-21 group to encourage them to have regular dental treatment. Posters and leaflets were issued to dentists, general practitioners, schools (for school leavers), colleges, shops and offices. (2) *"Springclean for Safety"*— After preliminary meetings of a co-ordinating planning committee, this April campaign was opened in the City Chambers with an appeal by Councillor Mrs Mansbridge, then Chairman of the Health Committee. Letters to householders were distributed via pupils of both corporation and independent schools, women's organisations and our own staff; family doctors, ministers of all religions, home nurses and home helps were invited to encourage public co-operation; health visitors in clinics, home visits and health education sessions emphasised the importance of action. Posters and notices were displayed in chemist shops, surgeries, clinics, factories and public transport. There was national coverage in press, radio and television. The cleansing department not only arranged a regular uplifting service but also weighed collections. The police ensured security. Pharmacists analysed samples of the total 291 sacks weighing 16 cwt. 23 lbs. and estimated 1,452,000 assorted pills and capsules. The drugs included antibiotics, sedatives, tranquillisers, analgesics, diuretics, anti-hypertensives and iron tablets, representing a great deal of unused and potentially dangerous medicine which is surely well out of the way. The initial campaign will be followed up by reminders to re-educate the public in the proper usage, storing and disposal of drugs. (3) The third campaign was on *Anti-smoking* in September. Here the main theme was the unfortunate exemplary effect upon children of parents smoking. Publicity material was distributed to parents (through school children), clinics, factories, all local authority departments, and a poster was displayed on city transport.

Evening Meetings: During 1970, 116 meetings with various groups took place, the total audience being 3,584. In spring, a pamphlet was circulated to selected organisations to underline the value and potential of proper health information in a message from the Medical Officer of Health, offering speakers on certain topics and information about the health education centre. The topics for the session beginning September 1970 were "The Facts of Life", "Every Baby a Wanted Baby", "Fight Cancer with Knowledge" and "The Later Years".

Displays: The practice of circulating peg and poster boards on various health topics around child health clinics continued. The main subject was nutrition. A small portable exhibition on nutrition, with special emphasis on obesity, was completed in November and erected in the foyer of Sighthill Health Centre where it attracted great interest. Mini-copies of the smoking and drug addiction main exhibition are in course of preparation and will be available for schools, health and community centres. A combined home and road safety poster was designed for display on city transport during the festive season. The co-operation of the accident prevention officer is appreciated in this connection.

Centre Activities: While the exhibition on addiction (alcohol, drugs and cigarette smoking) was on display at the centre, a programme of visits by secondary school pupils was arranged. In all, 26 groups visited the exhibition and relevant talks were given by students from the health visitor training school, serving the dual purpose of reinforcing the health hazards to the pupils and affording teaching practice sessions for the students.

Two 7-week courses of child care were held in connection with the Duke of Edinburgh Award Scheme, again with health visitor students as instructors.

Those health visitors undertaking health education programmes in schools meet monthly to discuss and consider new programmes, ideas, materials and visual aids. Other groups meeting in the centre included nursing auxiliaries from the Sick Children's Hospital, nurses attending the Field Work Instructors' Course, and the steering committee for one of the cervical cytology schemes.

Secondary school teachers show a growing interest in the centre's many facilities, and it has been encouraging to have a number of pupils visiting the exhibition and collecting information for projects and essays.

In preparation for erection in the centre early in 1971 are exhibitions on cancer education and general health.

Staff Meetings: Throughout the year nine staff meetings were held in Springwell House. Topics spanned a wide spectrum of clinical, epidemiological and sociological interests of great importance to our daily work and in planning for the future.

Evaluation

Time, effort and money are spent on health education. Complete evaluation would take a great deal of all three precious commodities but every honest worker should attempt some appraisal of work for the sake of progress. If the results are salutory one learns where to halt or change the unsatisfactory process; if the results are laudatory of course the future programme should concentrate on the effective elements.

During the year Dr. L. Watson also carried out two evaluations of health education work.

Cervical Cytology Service. This service, since its inception, has been underused and it was decided to employ some new approaches to improve this. Then several government departments requested cytology services for their staffs in their office premises, and before the final procedure was evolved, different patterns were employed as pilot schemes. A study of all the promotion techniques provides useful information for the future and are presented according to their success. Where there is no given number of "not applicable" (this, for instance, includes women who had the test elsewhere) and "refused", this information was not available. The reasons for a service *not* being accepted are almost more important than the numbers accepting and senior officers and individuals were most co-operative over these questions.

Method	Prepositus	Total Number	Accepted (%)	Not Applicable (%)	Refused (%)
1. Circular to staff	Govt. Dept. A	200	40 (20%)	—	—
2. Personalised letter with paysheet . .	L.A. Dept. A	683	170 (25%)	*	*
3. Talk and invitation circular . .	Govt. Dept. B	395	142 (36%)	—	—
4. Talk and personalised letter of invitation; posters and leaflets; own steering committee to ensure reinforcement of promotion. . .	Govt. Dept. C	138	75 (54%)	29 (21%)	34 (25%)
	″ ″ D	104	52 (50%)	30 (29%)	22 (21%)
	″ , E	84	45 (54%)	92 (26%)	17 (20%)
	″ ″ F	98	54 (55%)	25 (25%)	19 (20%)
	Total C–F	424	226 (53%)	106 (25%)	92 (22%)
5. Talk and personal discussion . .	L.A. Dept. B	33	25 (76%)	5 (15%)	3 (9%)

[*] A recent follow-up analysis of reasons given by 120 previous non-acceptors revealed that 56 had had the test elsewhere at some time, 31 aged over 55 years had considered themselves too old to require the test, it was in fact not required by 25, and only 8 had refused.

Hoping that those who themselves were reassured would wish to proselytise, a request to recruit someone to accept the test was sent with their "all's well" results to 144 women, but produced only 22 new requests for appointments (i.e. only 1 in 7 women co-operated).

We do not really require proof that the one-to-one approach is most effective, but it takes most time. If we can identify those at risk, then this would indeed be time well spent.

This last point is important. At the time of writing, the positive smears found so far in the office staffs appears below the usual (8 in 1,000) and a critical appraisal is planned. Nonetheless, these are all working women who have not had the test in the last three years at least, and would possibly never have had it, had we not fulfilled the request for this service at work.

Project Evaluation: An interim evaluation of a health education programme in a residential unit was completed and is briefly summarised. A balanced and comprehensive programme of health had been designed to include general physical and mental health, sociology, family life and modern health hazards.

Some important aspects were selected and tested before the programme and revealed very serious ignorance at a practical and everyday level. General health topics were allocated to the teaching staff, the family planning lecture was given by Dr. N. Loudon, while cigarette smoking and cancer, reproduction, venereal disease and several minor subjects (e.g. common infectious diseases, verruca) were covered by Dr. L. M. Watson.

At the second evaluation some four months later, very clearly knowledge and comprehension were much increased about all those topics included by the doctors; but there was very little improvement in those delegated to the staff, excepting only in the questions testing exposure survival. It was discovered later that the boys were to spend a ski-ing holiday in Norway!

There is much of interest in the findings, but two salient points are—firstly, not that doctors make better teachers but there *is* a danger of subjects not being included if left to others who are not equally enthusiastic. Secondly, relevant information is meaningful and therefore easier and better learned. (The study will be published in greater detail.)

Now we can add "conviction and relevance" to the other three keywords essential for all health educators.

OPERATIONAL RESEARCH

In February 1970 a senior medical officer appointment in operational research was established in the Health Department. Its establishment marks an important stage in the future development of the department and demonstrates an awareness of the challenge of the 1970s.

What is Operational Research?

Operational research is defined as the application of research, using analytical, experimental and/or quantitative methods to provide a national basis for planning and decision-making processes. This definition describes the role of operational research in the Health Department.

Why is Operational Research necessary?

In our health department as in the hospital and general practitioner services great changes have occurred and are still taking place amounting to a restructuring and rethinking of medical services. Added to these changes is the revolution in data collection and recording which has occurred with developments in modern technology.

The need for operational research must also be considered against a background of possible major reorganisation of the health services. This would seem to be an appropriate time to "take stock" of the present situation, discard what is no longer relevant and plan a service which would function efficiently within the present administrative structure but which could work equally well if or when a unified service was introduced.

Present Projects

At present a survey and evaluation of recording and record keeping is being carried out in the Health Department with a view to eliminating out-of-date procedures and concentrating on data which is of use to the working of the department or for research purposes. Data which is valuable should be stored in such a form that it is easily accessible when required.

It may be that there is duplication of recording and that with some modification of recording methods there could be integration of records between departments thus saving time and space. Rationalisation of some recording procedures would make better use of personnel and equipment.

The second project which is receiving consideration is the development of a computer programme for storing and monitoring community health records. Vaccination and immunisation programmes, monitored by computer, have been successfully operated in other areas and have demonstrated the value of the computer in maintaining high levels of immunity within the community to specific diseases.

Now that the Corporation computer is at last available it is planned to develop the programme first proposed five years ago for the storage and monitoring of vaccination and immunisation records for the city as a first phase in the development of a community health programme.

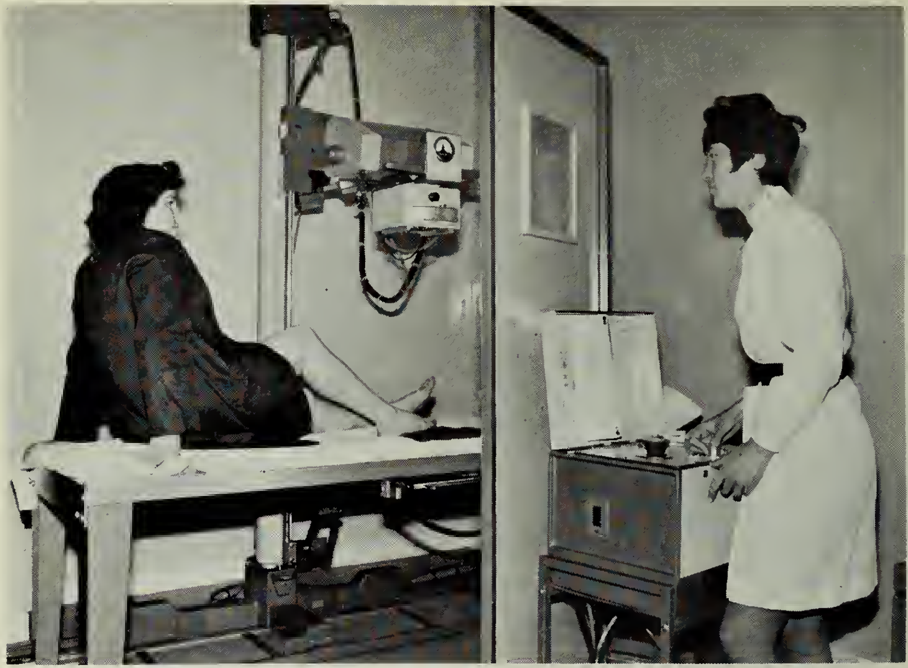
The Future

The work of a health department gives limitless opportunities for the development of operational research and for the setting up of models of organisation. Before attempting to carry out any operational research, however, it is necessary to build up a system of methodology. It is essential that all projects are carefully planned and that suitable methods of record keeping, accurate recording and methods of evaluation are considered.

It is hoped that members of the staff will consider individual research projects so that a flow of useful research will result from within the Health Department.

Entrance to Springwell House Health Centre.

Springwell House Reception and Waiting Area and Entrance to Treatment Room.

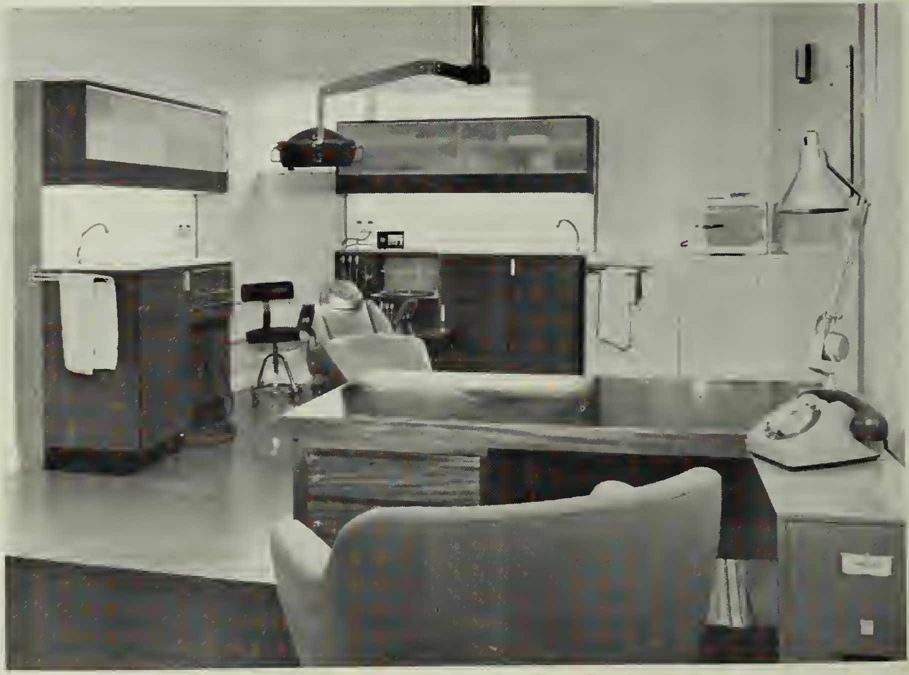

Patient and Radiographer in X-ray Room, Springwell House.

Treatment Room, Springwell House.

An Immunisation Session.

The City Analysis Laboratory.

Fluoride Mouth Rinsing in Gracemount Primary School.



Modern School Dental Surgery.

SECTION VI

CONTROL OF INFECTION

(a) Infectious Diseases

(b) Tuberculosis

(c) Venereal Diseases

(d) Bacteriological Services

(e) Immunisation and Vaccination

(f) Port Health Supervision

INFECTIOUS DISEASES

There were 4,208 cases of infectious diseases including tuberculosis notified during 1970, a decrease of 955 compared with the previons year.

The Secretary of State has approved a resolution by the Corporation ordering in terms of Section 7 of the Infectious Diseases (Notification) Act 1889 that the said Act shall apply in the City of Edinburhg to the infectious disease Rubella. With effect from 1st September 1970 notice of all cases of Rubella occurring in the City of Edinburgh is required to be sent to the Medical Officer of Health.

Excellent relations exist between the section and the staff of the Central Microbiological Laboratories who carry out the various examinations required by the Health Department. We value their advice and co-operation.

On page 101 the notifications of infectious diseases are shown by age-group and sex.

ENTERIC INFECTIONS

Typhoid Fever

Four cases were notified, the Salmonella typhi in each instance being of phage type K1.

> (1) a boy of 13 years, (2) a boy of 15 years, a brother of case (1), (3) a woman of 44 years and (4) a boy of 9 years.

Cases (1), (3) and (4) had one factor in common; each had drunk water from the Water of Leith. Case (2) had no connection with this river but was a close contact with his brother, case (1), with whom he slept.

A very extensive investigation was instituted involving the Health Department, the Central Microbiological Laboratories, the Lothians River Purification Board and the City Engineer's Department. Swabs, modifications of Moore Swabs, were placed upstream of where cases had drunk river water: (1) at various points in the river; (2) in the main sewer (which follows the line of the river) at two points including one near where it crosses the river in an open channel; (3) at various storm water drains where they discharge into the river.

The emission from one of these drains was foul-smelling and was not unlike sewage. Salmonella typhi was isolated from a swab placed at the point of discharge to the river. Tracing the storm-water drain from the river it was discovered that the sewer from a group of houses was connected through an interception trap to this storm-water drain. Sludge from this trap and swabs from two of the inspection chambers of the sewer from the houses were found to contain Salmonella typhi. Stool tests from the occupants of the group of houses were submitted and one person, who was symptomless, was found to be excreting Salmonella typhi. The various isolations of S. typhi were subsequently reported to be of phage type K1. It was considered that excretions from this individual, who had resided alone in the house for twelve years, had been passing via the house sewer to the storm-water drain and so to the river from which water had been drunk further downstream.

It is interesting to record that in previous years others, after some contact with the same river, had developed Salmonella typhi infection also of phage type K1: *(a)* a boy of 11 in 1963 who drank from the river; *(b)* a boy of 12 who fell into the river in 1967; *(c)* a man of 19 suspected of having some contact with the river in 1968; *(d)* a girl of 10 who in 1969 drank from the river.

All the cases were notified in July, August or September of the respective years.

FOOD POISONING

There was no major outbreak, the number notified during the year being 149 grouped as follows:

A. Salmonellae—81 cases.
B. Staphylococcus aureus—no cases reported.
C. Clostridium welchii—5 cases.
D. Others—organisms not isolated—65 cases.

Salmonellae

Of the 81 cases, Salmonella typhimurium was isolated in 35 instances.

Four members of one family were found to be infected with Salmonella typhimurium. Their pet cat, which had taken ill one week before symptoms had developed in the family, was found also to be excreting the organism.

Salmonella enteritidis was isolated from 23 patients. The remaining 23 cases included 15 different Salmonellae, no particular type predominating.

BACILLARY DYSENTERY

There were 449 cases (212 males; 237 females) compared with 1,425 in 1969, 493 in 1968 and 1,038 in 1967. Of these 449 cases, 128 (28·5 per cent) were in the 5–14 years age group and 124 (27·5 per cent) in the 1–4 age group.

These notifications included:

(a) 366 due to Shigella sonnei;

(b) 68 due to Shigella flexneri
(type x=11; type 3=15; type 3a=32; untyped=10);

(c) 3 due to Shigella boydii;

(d) 12 of clinical dysentery.

MEASLES

There were 2,191 cases notified of whom 1,409 (64 per cent) were in the 1–4 years age group. The outbreak commenced in May (139 cases), with an increase to 408 in December.

In 1969 there were 2,531 notifications, 85 per cent of whom related to the first three months of that year being a continuation of an outbreak which had commenced in 1968.

INFECTIVE JAUNDICE

Since this condition became notifiable on 1st October 1968, 73 cases were recorded in the last three months of that year, 417 during 1969 and in 1970 the total was 557 (277 males; 280 females), of whom 238 (43 per cent) came into the age group 5–14 years and 396 (71 per cent) occurred in the first six months of 1970.

WHOOPING COUGH

The total number recorded was 378 (163 males; 215 females), of whom 162 (43 per cent) were in the 5–14 years age group, 139 (37 per cent) in the 1–4 group and 65 (17 per cent) were under one year old. The outbreak commenced in August, 84 per cent of the cases being notified in the last five months of the year. In 1969 and 1968 there were 69 and 87 cases respectively.

PNEUMONIA

Acute Primary Pneumonia.—Eighty-six cases, mostly in the older age groups, were notified.

Acute Influenzal Pneumonia.—There were 34 cases, all occurring in the first four months of the year and mostly involving those over 55 years of age.

RUBELLA

This first became notifiable in Edinburgh on 1st September 1970 and 37 cases were brought to the notice of the Medical Officer of Health before the end of the year (20 males; 17 females), 16 (43 per cent) being in the 1–5 years age group.

TUBERCULOSIS

In 1970 the number of notifications was 220 (190 pulmonary; 30 non-pulmonary). Since the dramatic drop in the incidence of tuberculosis in Edinburgh to the lowest annual number of 206 in 1964, the figures have varied only slightly (221 in 1965; 224 in 1966; 213 in 1967; 229 in 1968; 222 in 1969). It is regrettable that the reduction has not continued and our efforts to eliminate this disease must continue unabated.

There was a slight increase in the level of naturally positive 13-year-old school children to the Heaf tuberculin skin test from 5·6 per cent in 1969 (those born in 1955)—this being the lowest figure so far recorded—to 6·7 per cent in 1970 (those born in 1956). The percentage was 30·5 in 1954, 12·8 in 1960, 9·4 in 1966 and 6·7 in 1968. This rate may be taken as a fairly accurate measure of the level of infection in the community and it is reassuring that there has been an overall downward trend.

The weekly review of cases and the quarterly discussion on tuberculosis problems have continued at the Royal Victoria Dispensary. As in the past there has been close co-operation between the various members of the teams concerned in the clinical and public health aspects of tuberculosis.

Respiratory Tuberculosis

During the year there were 190 cases of respiratory tuberculosis notified (127 males; 63 females), a decrease of 6 from the previous year and 19 more than in 1967 when the lowest number of cases (171) was notified.

The highest figures in males were in the 55–64 age group (36=28 per cent) and the 65 years and over group (23=18 per cent) representing 46 per cent of the total male notifications.

Of the 63 females notified the highest figures were in the 45–54 years age group (12=19 per cent) and 55–64 years group (11=17 per cent) giving 36 per cent of the female cases.

There were 12 deaths due to respiratory tuberculosis (9 males and 3 females).

The number of names on the respiratory tuberculosis register at 31st December 1970 was 2,480 (1,394 males; 1,086 females). This is a decrease of 72 from the number on the corresponding date in 1969 (2,552—1,438 males; 1,114 females). There has been a steady decline in these numbers, the figures for the corresponding dates in previous years being in 1961—4,233; 1965—3,449; 1967—2,922.

Non-Respiratory Tuberculosis

There were 30 notifications (12 males; 18 females) compared with 26 in 1969.

Involvement of the lymphatic glands was responsible for 18 cases (3 males; 15 females) representing 60 per cent of the total.

No death was recorded due to non-respiratory tuberculosis.

On 31st December 1970 there were 480 names on the non-respiratory tuberculosis register (192 males; 288 females).

DEPARTMENT OF VENEREAL DISEASES

REPORT BY THE PHYSICIAN-IN-CHARGE

The number of cases of gonorrhoea has shown little change since 1969 when there was a sharp rise (see Table I). The number of cases in females has shown an increase and in males a slight decrease. The recognition of rectal gonorrhoea in the female as a more frequent occurrence in genital infections has led to a reappraisal of the tests of cure as well as the methods of treatment. It appears likely that in-patient treatment prevents difficulties associated with more uncertain out-patient methods. The total work of the department continues to expand and this is carried by a reduced number of full-time staff. The increase in incidence which occurs during the warmer months (see Figure) creates problems of management owing to staff holidays. The number of follow-up consultations has to be diminished in order to limit the difficulties in continuing the service and to avoid full waiting rooms and intolerable delays for patients. Some clinics have to be discontinued during these months also for the same reason. Considerable time is spent in looking after patients with non-specific and other genital infections such as *Herpes genitalis, Trichomonas vaginalis* vaginitis and *Candidiasis.* Non-specific urethritis in men leading in some cases to recurrent relapsing urethral discharges and prostatitis continues to be a refractory problem. In some cases these infections cause persistent distress and sometimes appear to be associated with infertility in the male. Research elsewhere has thrown some light on its possible aetiology and there is a need for further research along these lines. Syphilis in its early infectious stages is not common though vigilance continues to be maintained in the department and in the antenatal clinics.

R.I.E. 1970

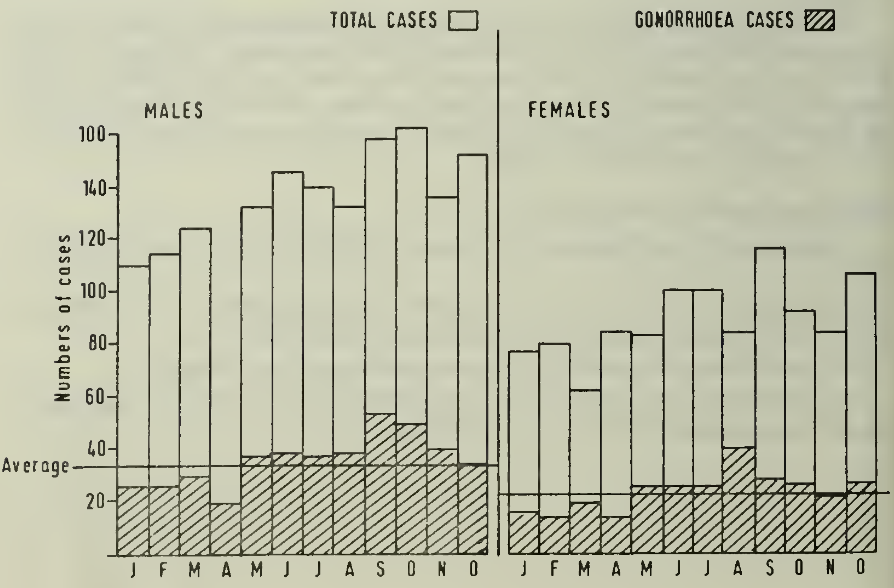


TABLE I

YEAR	1968						1969						1970					
DIAGNOSIS	Gonorrhoea	Syphilis		Non-specific, *T. vaginalis* and other infections	Non-venereal	Total	Gonorrhoea	Syphilis		Non-specific, *T. vaginalis* and other infections	Non-venereal	Total	Gonorrhoea	Syphilis		Non-specific, *T. vaginalis* and other infections	Non-venereal	Total
		Early (acquired)	Other forms					Early (acquired)	Other forms					Early (acquired)	Other forms			
MALES:																		
Royal Infirmary	328	14	16	796	351	1,505	406	8	23	880	487	1,804	426	14	12	1,040	573	2,065
Leith Dispensary ..	33	—	—	92	72	197	53	0	0	83	52	188	—	—	—	—	—	—
Totals	361	14	16	888	423	1,702	459	8	23	963	539	1,992	426	14	12	1,040	573	2,065
FEMALES:																		
Royal Infirmary	212	9	15	604	227	1,067	252	5	16	637	327	1,237	274	7	6	748	323	1,358
Bruntsfield Hospital ..	2	—	3	62	5	72	2	0	1	51	4	58	1	—	—	37	3	41
Antenatal Clinics:																		
S.M.M.P.	2	1	—	286	24	313	6	0	0	298	25	329	3	—	1	265	29	298
E.I.M.H.	5	—	—	327	23	355	5	4	0	347	59	415	4	—	—	258	34	296
Totals	221	10	18	1,279	279	1,807	265	9	17	1,333	415	2,039	282	7	7	1,308	389	1,993
Totals (Males and Females)	582	24	34	2,167	702	3,509	724	17	40	2,296	954	4,031	708	21	19	2,348	962	4,058

Attempts to unravel social and psychological difficulties in patients take up a great deal of time and many problems remain unresolved for long periods of time.

Referrals

Patients can be seen without appointments, usually as out-patients, though this arrangement is becoming increasingly difficult to maintain and an appointment system may have to be introduced, particularly during the holiday seasons. To introduce such a system would tend to make the department less accessible, as it is common for patients to have special difficulties in making and keeping appointments, particularly as re-attendances over a prolonged period are generally necessary.

TABLE II

Method of referral (females)	Patients attending for the first time	
	1969	1970
Attended on own account	35·2	22·7
Advised by contact tracing	33·5	44·3
Referral by patient's own doctor	23·7	28·2
Unmarried Mothers' Home	1·5	—
Remand Home	3·4	2·3
Approved School A	2·2	1·6
Approved School C	0·4	0·8
H.M. Prison	0·1	—

There has been a higher proportion of referrals from general practitioners. In the case of female patients attending for the first time 28·2 per cent were referred by their own doctor during 1970 compared with 23·7 per cent in the previous year. In addition, a higher proportion has been referred by the department's contact-tracing arrangements (see Table II). In the case of male patients attending for the first time 50 per cent attended on their own account without a doctor's letter, 47 per cent were referred by their own doctor and only 2 per cent were referred by contact-tracing arrangements. As it is usual for a male to present first with symptoms, the female tends to be referred after her consort has been seen.

There has been an increase in the correspondence from the department to general practitioners and because of this a simplified form for communicating details was introduced as an economy without, it is hoped, proving less efficient than the traditional letter.

After patients have attended the department once, there is a tendency for them to come direct without first visiting their own doctor. For example, in males re-attending with a new problem or a new infection, 88 per cent attended directly and only 9 per cent attended with a letter from their own doctor.

Contact Tracing

Though males may have an asymptomatic gonococcal infection the majority tend to develop an obvious and unpleasant urethral discharge which brings them to seek medical help. In females the infection is frequently inapparent or asymptomatic so it is essential to ensure that the female consort is investigated and treated. Contact tracing, to be successful, depends upon the patient's trust in the confidentiality of the process.

The table (see Table III) shows that in a high proportion of cases the male is unable to give us sufficient information to enable us to ensure that his consort(s) receives treatment. This year, of 469 females acknowledged, 52 per cent were designated as "unknown" and therefore untraceable.

TABLE III

Cases of active gonorrhoea in males	PRIMARY CONTACTS (females)						SECONDARY CONTACTS (females)	
424	469						74	
	Unknown: 247 (52%)			Known: 222 (48%)			Wives	Others
	Edinburgh	U.K.	Abroad	Edinburgh	U.K.	Abroad		
	131 (53%)	87 (35%)	29 (12%)	170 (77%)	52 (23%)	0	71	3
	0 (0%) attended			219 (99%) attended			74 (all attended)	

Within this group there were included a number of females who were given advice to attend but who failed to do so. In some instances, when attempts were made to find them again, they had left their place of residence or details of their whereabouts were insufficient to enable the health visitor to trace them. Difficulties tend to be greater when contacts are from outside the city.

Some value may be placed on the ratio of male cases to female contacts as an indication of the degree of promiscuity admitted to the medical or health visitor staff. This year the ratio of male cases/primary female contacts was 1:1·06; in 1969 it was 1:1·03.

In 1969 in the case of males, 101 (39 per cent) of those with gonorrhoea involved also wives, fiancées or others with whom they had more than a casual relationship, compared with 69 during 1968. In 1970, 74 such secondary contacts were involved by 17·5 per cent of the males.

There may be a considerable delay in ensuring attendances. For example, an endeavour to trace a girl was commenced in January but she did not attend for treatment until August. During this time it is likely that a number of men had been infected. In this case the girl had no symptoms during the interval.

On fortunately rare occasions a patient may refuse to attend though such refusals appear to be generally part of more serious social or personal difficulties. Thoughtless promiscuity, particularly when continuous, appears also to be associated with similar problems.

There have been difficulties in staffing Saturday morning clinics with a health visitor. As these are primarily run for the benefit of those patients from outside Edinburgh it would not be inappropriate for these areas to help.

Closure of the Dispensary, Leith

After the necessary consultations with the Regional Board the recommendation for the closure of the Seamen's Dispensary at Leith was approved. It seemed better to provide a fuller service with the better facilities available at the Royal Infirmary instead of continuing the Leith clinic which was only open during very limited times and was difficult to staff adequately. International obligations to Merchant Seamen are better served by attendance at the Royal Infirmary where frequent consulting sessions are available. The Seamen's Dispensary was opened in 1921 in response to the obligations of the

Geneva Convention. The value of easily accessible services available at the Royal Infirmary more than compensates for the inconvenience caused by the closure of this dispensary.

Publicity

A 24-hour telephone answering service (Tel. No.: 225 4471) has been set up to give clinic details to anyone seeking help. This service supplies the essential information as a 20-second recorded message and makes it easy for anyone, even the most reserved, to find out what to do. The message runs as follows:

> *"V.D. Advice. This is a recorded message. If you are in need of treatment or advice please come any morning to the Edinburgh Royal Infirmary—Ward 45 for men, Ward 46 for women. You do not need to make an appointment. Treatment is entirely confidential. If you are at all anxious do not delay."*

Notices giving this and other information have been displayed throughout the city. A definite change in public attitude to this health hazard has occurred since 1965 and there has been excellent co-operation from many. It has been possible this year to place notices not only in civic halls, libraries and conveniences, but also in colleges, hostels, the premises of several voluntary organisations, dance halls and railway and bus stations. An attempt will be made in 1971 to assess the value of these new advertising methods.

Contraception

In a survey of 170 unmarried females seen at the clinic in the first six months of 1970, it was noted that 53 per cent used no contraceptive technique whatever (1968, 81 per cent; 1969, 58 per cent), about 29 per cent used the oral contraceptive pill (1968, 9 per cent; 1969, 19 per cent). The matter was left to the partner in 11 per cent (14 per cent in 1969), some 3 per cent practised coitus interruptus (8 per cent in 1969) and 2 per cent used mechanical means, e.g. the diaphragm. About 2 per cent (2 per cent in 1969) used spermicidal creams.

Research

The Scottish Home & Health Department continues to support a research project concerned with Trichomoniasis.

Work has been published on the epidemiology of gonorrhoea in Edinburgh. Certain central parts of the city showed rates for gonorrhoea which were much higher than the city rate. Areas with high rates for major social problems tend also to have high rates for sexually transmissible infections.

It is essential to reduce the time taken to analyse data required for research. New procedures are being developed within the department to make epidemiological data accessible without breaking the confidentiality of the process.

BACTERIOLOGICAL SERVICES

REPORT BY THE BACTERIOLOGIST-IN-CHARGE

REPORT ON SPECIMENS FROM THE CITY OF EDINBURGH EXAMINED BACTERIOLOGICALLY IN 1970

The Central Laboratories provide a comprehensive microbiological service to a wide area which includes the City of Edinburgh and surrounding districts. This service is concerned: *(a)* with general practitioners on the north, central and east side of the city; *(b)* with microbiological examinations for the local authorities in relation to water, milk, etc., required by statute, and also other examinations deemed necessary by officers of the authorities, and *(c)* with epidemiological microbiology in the area which may be necessary in relation to outbreaks of communicable disease.

To this end during 1970 some 50,000 specimens were examined, 8,000 of these were examinations of milk, water and food and some 5,000 were directly related to the epidemiological service. The remainder were specimens received directly from general practitioners.

An important factor in the successful operation of a microbiological service is co-operation with those who use it, and to this end it is gratifying to know that there is close liaison between the medical officers, the chief veterinary officer and also the various officers of the authority directly concerned with the collection of specimens. The more interest there is the better will be the microbiological direction of investigations and the results are more likely to be meaningful. In this respect it is worth while noting during the year the work that was carried out in relation to Typhoid Fever.

Since July 1970, an investigation has taken place to trace the possible source of eight cases of Typhoid Fever occurring independently and intermittently in the city since 1963. These cases have all belonged to one-phage type, *viz.* KI, and in all cases there has been some connection in the history with the Water of Leith. In association with the Public Health Department, Infectious Disease Officers, the Water of Leith and outfalls into the river have been studied and the occupants of a group of houses investigated. The source of these cases has been traced to an individual symptomless faecal carrier who has been treated with antibiotics and whose excretion is being followed up. The drainage from her house was shown to be faulty thus producing contamination of the river. This investigation has entailed the examination of approximately 150 Moore swabs to date.

A further feature is the development of more specialised investigations which may be thought advisable after consultation and such is exemplified by a survey of shellfish toxin.

For the third year a survey of shellfish toxin was carried out during the months of April–August 1970 in order to establish the safety of shellfish for consumption. Samples were submitted to the Central Microbiological Laboratories from various centres along the east coast of Scotland and as in 1969 a rise in the toxin content was observed during the month of June which diminished throughout July and by August was absent. The highest levels obtained were considerably less than those of 1968 or 1969 but were comparable with the findings in the north-east coast of England. Warnings to the public were issued on the basis of these estimations.

It is probably true that microbiological services are under-used in respect of the work carried out for local authorities and I look forward to greater use being made in future. This is not to say that material should be examined indiscriminately but rather that mutual consultation will indicate where most effort should be put. For example, a continual review of the best way to proceed in relation to Salmonella disease is required, and where no great benefit is obtained, for example from the routine examination of blood for antibody (Widal test), the time saved in not carrying out such investigations can be directed elsewhere. Improvements are continually being made in the local van service to uplift specimens, and further improvements, particularly in relation to general practitioner and local authority specimens, is hoped for in addition to individual departmental means of getting specimens to the laboratory.

IMMUNISATION AND VACCINATION

There has been no change in the procedure for the immunisation of infants and children following the alterations recommended by the Scottish Home & Health Department in October 1968.

Measles vaccine to be used at the clinics and by the family doctors has been made available and in September 1970 rubella vaccine was supplied to the department.

IMMUNISATION AGAINST INFLUENZA

Anti-influenza vaccine was offered to nurses and doctors on the staff, a considerable number of whom agreed to this protective procedure being carried out.

CENTRE FOR YELLOW FEVER VACCINATION

Those in the south-east of Scotland region requiring to be immunised against Yellow Fever attend at the Health Department on Monday and Wednesday afternoons by appointment. At these times too, plague and typhus fever vaccines are given also by appointment. The number who received yellow fever vaccine was 2,112, this being an increase compared to the corresponding figures for 1967, 1968 and 1969 which were 1,666, 1,757 and 1,669 respectively. Most were travelling to tropical Africa, only a few proceeding to the yellow fever endemic zone in America.

The number of persons who attended for immunisation against plague and typhus fever were five and thirty-four respectively.

Routine vaccination procedures, for example against smallpox and poliomyelitis, are undertaken by the general practitioners.

Tables showing the number of immunisations given during 1970 are shown in the statistical section of the report (page 103).

PORT HEALTH SUPERVISION

Medical duties at the Port of Leith were undertaken as in previous years in close co-operation with port sanitary inspectors, and immigration and customs officers. In accordance with the Aliens Orders, medical inspection of immigrants was carried out weekly from April until October and less frequently during the rest of the year. Each immigrant was given a multilingual card giving advice as to medical care while in Great Britain and the medical officer of health of the area in which he or she was to reside was notified in each case.

Ships from infected ports did not cause trouble as each had a "clear" Maritime Declaration of Health signed by the Master. Most arrived in Leith outwith the incubation periods of the relevant diseases. Rourine checks were made on international certificates of vaccination and arrangements were made for members of the crews with out-dated certificates to have these brought up-to-date.

On 31st December 1969 a 20-year-old German electrician flew from Karachi, West Pakistan, to Düsseldorf continuing by train to his home in Meschede, Germany. On 10th January 1970 he developed fever, on 14th January a rash was noted and a diagnosis of smallpox was confirmed two days later. Smallpox was subsequently transmitted from this index case to 19 other persons, two of whom died. During and following this outbreak routine checks were made on the crews of ships from Germany. None of those on board had been in the smallpox area and arrangements were made for those who did not possess valid certificates of vaccination against smallpox to be vaccinated.

During the year no visits were required to Turnhouse Airport.

A list of infected ports and airports is extracted from the World Health Organisation Weekly Epidemiological Records. Copies are forwarded to the port sanitary inspectors, the port and airport authorities, the immigration and customs officers and the Forth pilotage authority. It is noted that the number of ports and airports infected with smallpox has been decreasing whilst there has been an increase in the number of ports and airports infected with cholera.

SECTION VII

VETERINARY SERVICES

REPORT BY THE VETERINARY INSPECTOR

MILK AND DAIRIES

Milk and Dairies (Scotland) Act, 1914.—During the year 39 visits were made to premises registered under the above Act for the purpose of supervising the cleanliness of the dairy premises, the utensils and the methods of milk production. At December 1970, there were five registered dairy herds within the city boundary, and the total number of cows in those herds was approximately 150.

Under the Milk (Special Designations) (Scotland) Order, 1965, two of those premises were licensed to sell "Premium" milk, and three licensed to sell "Standard" milk.

Bacteriological Examination of Milk.—During the year 39 routine samples of milk were examined as undernoted:

	Number of Samples Taken	*Number of Samples Failing Approved Test*
Premium	21	1
Standard	18	2

Brucella Abortus Investigation.—Samples of milk were taken at regular intervals throughout the year from all registered producers retailing raw milk within the city, and subjected to a milk ring test for the detection of Brucella Abortus infection. All samples proved negative.

INSPECTION OF MEAT

The Food (Meat Inspection) (Scotland) Regulations, 1961

The Food (Preparation and Distribution of Meat) (Scotland) Regulations, 1963

Table I shows the comparison between number of animals killed in the years 1969 and 1970:

TABLE I

	1969	*1970*
Oxen	32,052	30,995
Bulls	188	173
Heifers	4,631	4,911
Cows	2,846	2,440
	39,717	38,519
Calves	1,592	1,594
Sheep	203,575	230,272
Swine	31,344	31,468
	276,228	301,853

Those figures indicate that the number of animals slaughtered showed an increase of 25,625 compared with 1969.

The working party set up to plan the modernisation of the abattoir has had several meetings but I have to report, with a great deal of regret, that no progress has been made. The Central Edinburgh Meat Company who vacated their old premises at Fountainbridge, must be congratulated on constructing a fine new meat market within the precincts of the abattoir. The Scottish Meat Producers, who occupy part of the building, have specialised in boneing out beef carcases and packing the various butcher's joints in special plastic bags under vacuum. Those boneless cuts are in great demand in butcher's shops where there may be a scarcity of trained staff for boneing out meat.

During the year 175 consignments of lamb, totalling 26,477 carcases and 1 consignment of beef portions were exported to Belgium.

Carcases and Offal Condemned in the Abattoir.—Carcases partially or wholly condemned in the city abattoir weighed 67·57 tons. To this there falls to be added 63·97 tons (weight estimated) of condemned offal, making a total of 131·54 tons.

Meat Inspection Statistics.—A study of Table II will show that there were no seizures of beef carcase meat as a result of tuberculosis, but in 11 cases lesions indistinguishable macroscopically from this disease were found in the following sites: head glands 3; liver 2; lungs 1; and intestines 5 cases. This was the first year on record where no beef was condemned for this infection and we have only to glance at the Annual Report of the Veterinary Officer in 1936 to note the colossal improvement—an overall incidence of 11 per cent for cattle, which included a 41 per cent infection rate for cows and a total seizure of 86 tons of beef. However, this year one pig carcase did show evidence of a generalised infection and was condemned totally. Another interesting finding was the lowered incidence of liver fluke in cattle—from 22 per cent in 1968 to 14 per cent in 1969 to 7·15 per cent in 1970. It is hoped that this decline will continue and that it is associated with better control measures and not simply due to the dry summer of two years ago. There were three cases of generalised infestation with Cysticercus Bovis—all in cattle of Irish origin. Attention must again be drawn to the large seizure of pig meat which was necessary as a result of pyogenic infection (abscesses). There is no doubt that this is *the* major problem affecting meat inspection in this country at the moment.

TABLE II

CATTLE (38,519)					PIGS (31,468)					SHEEP (230,272)				
Weight Abnormality	No. of Cases	Total	Partial	Weight in lbs.	Weight Abnormality	No. of Cases	Total	Partial	Weight in lbs.	Weight Abnormality	No. of Cases	Total	Partial	Weight in lbs.
Emaciation/Oedema	29	26	3	8,166	Abscess	904	247	657	31,584	Emaciation/Oedema	336	299	37	11,025
Bruising	58	3	55	3,431	Peritonitis	157	20	137	2,901	Septic Pneumonia Pleurisy	428	94	334	10,859
Tumour	13	7	6	3,865	Pneumonia/Pleurisy	216	47	169	5,870	Arthritis	1,145	42	1,103	6,690
Hepatic Abscess	27	3	24	1,684	Arthritis	428	21	407	6,320	Pyaemia	32	32	—	1,647
Peritonitis	15	3	12	1,661	Septic Metritis	7	6	1	1,427	Septic Metritis	47	20	27	1,629
Actinobacillosis	38	—	38	370	Bruising	137	4	133	2,417	Fever	64	64	—	3,089
Abscess	34	4	30	1,729	Emaciation/Oedema	43	42	1	4,867	Peritonitis	133	17	116	1,863
Nephritis	4	1	3	641	Fever	36	36	—	6,396	Tumour	43	33	10	1,822
Septic Metritis	10	3	7	1,440	Enteritis	18	15	3	1,951	Mastitis	127	17	110	1,764
Pneumonia	14	6	8	2,662	Nephritis	9	5	4	1,008	Bruising	161	16	145	1,858
Mastitis	6	2	4	897	Fracture	44	—	44	991	Jaundice	3	3	—	118
Generalised Cysticercus Bovis	3	3	—	1,667	Erysipelas	2	1	1	110	Hernia	72	—	72	293
Toxaemia/Septicaemia	11	11	—	4,209	Tumour	8	4	4	380	Adenomatosis	8	4	4	278
Arthritis	13	3	10	1,245	Tuberculosis	1	1	—	256	Pericarditis	1	—	1	6
Fracture	12	—	12	676	Hernia	22	—	22	112	Nephritis	11	5	6	318
Pericarditis	2	2	—	688	Hermaphrodite	14	—	14	70	Fracture	25	—	25	116
					Pericarditis	2	1	1	170	Blood Splashing	2	—	2	12
					Machine Damage	88	—	88	374	Abscess	309	—	309	2,364
					Jaundice	9	9	—	1,072	Uraemia	8	8	—	431

TABLE III

Incidence in Cattle

Year	Tuberculosis (%)	Actinobacillosis (%)	Cysticercus Bovis (%)	Liver Abscess (%)	Liver Cirrhosis (Fluke) (%)
1955	6·22	0·82	0·82	2·42	13·1
1961	0·38	0·78	0·446	3·257	21·81
1967	0·111	0·358	0·311	2·755	22·270
1970	0·028	0·355	0·314	3·263	7·157

TABLE IV

Incidence in Tumours

	CATTLE		SHEEP		PIGS	
Year	Number affected	Incidence (%)	Number affected	Incidence (%)	Number affected	Incidence (%)
1963	32	0·059	87	0·031	6	0·014
1966	17	0·039	98	0·036	8	0·020
1967	16	0·036	66	0·024	7	0·020
1969	13	0·032	45	0·022	5	0·015
1970	13	0·033	44	0·019	8	0·025

TABLE V

Number of main organs condemned in the different classes of animals at the abattoir during 1970 (excluding organs of animals totally condemned)

LUNGS

1970	Tuberculosis	Fluke Cysts	Pneumonia and Congestion	Other Causes
Cattle ..	1	188	375	135
Sheep ..	—	—	981	36
Swine ..	—	—	1,208	192

LIVERS

1970	Tuberculosis	Fluke	Abscesses	Cirrhosis	Other Causes
Cattle ..	2	2,757	1,257	5	156
Sheep ..	—	10,543	62	—	329
Swine ..	—	—	2	1,340	150

HEADS

1970	Tuberculosis	Actino	Abscesses	Cysticercus Bovis	Other Causes
Cattle ..	3	124	63	118	3
Sheep ..	—	—	10	—	—
Swine ..	113	—	110	—	3

Laboratory Report.—Routine bacteriological examination of all casualty animals for the presence of food poisoning organisms has continued as in previous years. Samples either of bile or of other tissues, were taken from the carcases of casualty animals and plated out on culture medium. The following are the results of the examinations:

1,164 cultures were examined
921 were negative
227 showed E. coli
5 showed Proteus
6 showed Staphylococci
5 showed Para-colon bacilli
1 showed Salmonella

E. coli and Proteus are found in normal animal intestine and as such are not of great significance. In casualties, particularly those in extremis, there is often a heavy growth of E. coli in the bile.

Two pig carcases showed infection with para-colon bacilli in the bile only and were passed but, one pig carcase, in poor condition due to generalised arthritis, and another with a large umbilical hernia were condemned.

The carcases of four ewes which had lambed a few days before slaughter were all seized for acute mastitis caused by haemalytic staphylococci. Staphylococci of a haemalytic type were also isolated from a valvular heart lesion in a bullock stirk which had a septic stifle joint, and from a heart lesion found in a bacon pig. Both those carcases were condemned.

Salmonellae were recovered from the carcase of a pig which showed widespread abscess formation and was condemned totally.

A large number of microscopic examinations were made of diseased tissues in order to determine the causal agent, e.g. Johnes' bacillus, swine erysipelas, C. pyogenes, etc. Blood smears from cattle were also examined for anthrax when enlarged spleens were found at the time of slaughter. This is often due to factors arising from faulty slaughtering techniques. Smears were also made from the peritoneal surface and mesenteric gland of pigs which showed enteritis. All smears were negative for anthrax.

Livestock Markets.—Sale of fat cattle, sheep and pigs were held every Tuesday in the premises of Messrs. John Swan and Messrs. Oliver and Son. Messrs. Wm. Bosomworth and Sons held their sale in the Corporation Market. The following table indicates the number of animals passing through the markets during 1967, 1969 and 1970:

	1967	*1969*	*1970*
Cattle	21,501	20,538	22,143
Calves	3,228	379	269
Sheep	211,769	228,646	260,692
Swine	13,424	12,792	14,182
	249,922	262,355	297,286

An increase of 34,931 animals passed through the markets and this would appear to indicate that despite the advance of the practice of selling fatstock by dead weight, i.e. the farmers consigning their animals direct to the abattoir, there is still a place for the auction market in respect of fat cattle and sheep. A study of the throughput of the markets in 1936, when the selling of fatstock by dead weight did not take place, shows that although the numbers of fat cattle were double, the number of sheep exposed for sale approximate those of the present time.

A store market is held also every Wednesday in the above-mentioned markets and the following table indicates the number of animals exposed for sale in 1967, 1969 and 1970:

	1967	*1969*	*1970*
Cattle	18,732	22,882	22,493
Calves	2,373	3,594	3,840
Sheep	66,793	77,825	79,655
Swine	58,267	66,308	59,235
	146,165	170,609	165,223

INSPECTION OF OTHER FOODS

Section 9 of the Food and Drugs (Scotland) Act, 1956 and the Food Hygiene (Scotland) Regulations, 1959

The routine inspection of foodstuffs in shops under Section 9 of the Food and Drugs (Scotland) Act, 1956, is combined with the duties under the Food Hygiene Regulations, particular attention being paid to butchers' and fishmongers' shops by the meat inspection staff. The following table indicates the number of visits paid to shops, etc., during 1970:

Butchers' Shops	1,122
Fishmongers' Shops	376
Fish Markets	304
Wholesale Grocers	1,297
Fruit Markets/Shops	246
Meat Sales and Cold Stores	593
Restaurants	33
Cooking Centres/Canteens/Hospitals	221
Bakeries/Bakers' Shops	43
Householders	106
Manufacturing Premises	82
Egg Importers' Premises	49
Miscellaneous	53
	4,525

In former years, butchers manufactured a great variety of prepared meats but owing to the difficulty of getting trained staff, there would seem to be a move towards purchasing those commodities from the large meat factories. A survey showed that 78 per cent of butchers made dripping; 72 per cent made sausages; 66 per cent made cooked meats (roasts, etc.); 62 per cent made haggis and only 24 per cent still made black pudding.

A considerable amount of work is involved throughout the year in advising supermarket management on the action required when refrigerated display cabinets break down. When the food is completely de-frosted, although it is still not "unfit" it would be a very undesirable practice to re-freeze and, thus, the only safe action is to certificate and destroy the foodstuffs.

The number of complaints arising from the sale of foodstuffs which show the presence of mould is still a matter of concern. The reason for such incidents is invariably poor stock rotation on the part of the shopkeeper and every endeavour is made when incidents occur to get the management of shops and supermarkets to introduce a simple colour code system. Where branded goods are sold the shopkeepers are often under the mistaken impression that because the van salesmen, employed by those firms, on delivering fresh supplies would appear to look over the stock on display, that they, themselves, have no responsibility if the goods are sold out of condition.

On two occasions it was brought to our notice that the expiry date on vacuum-packed ham had been changed. On examination of the material, however, it was found to be fit for human consumption. The shopkeepers concerned were warned of the consequences if, in fact, the ham had been otherwise. A few complaints were received regarding the sale of over-ripe cheeses—particularly cheeses of Continental origin, but as such cheeses are consumed in varying degrees of ripeness, according to individual taste, it is very difficult to take any formal action. An interesting complaint was received regarding eggs which on cooking had a peculiar taint. Investigation showed that this was associated with disinfectant and was traced to a farm where poultry houses had recently been fumigated. It was also found that the eggs had been stored near the empty disinfectant containers. A total of 1,020 dozen were recalled to the distributors and destroyed.

It was necessary to seize a large consignment of tinned hams of Continental origin—161 tins weighing 1,425 lbs., which as a result of over-long storage had developed an unpleasant taint.

The following foodstuffs were examined for the presence of the common food poisoning bacteria: Imported Fresh Meat 51; Tinned Meats 29; Fowls 4; Pies 13; Mussels 25; Duck Eggs 3; Stock Pot 2; Paté 1; Easter Eggs 2; Tinned Milk 2; Tinned Milk Pudding 1; Cheeses 3; Mushrooms 1; Swabs 36; and Miscellaneous 7.

Coagulase positive staphylococci were isolated from a tin of corned beef. The consignment consisted of 200 cases and a further 10 tins were examined with negative results. Despite the fact that the organism was present in very scanty numbers, the wholesaler agreed to withdraw the whole consignment from sale.

Attention must again be drawn to the fact that S. paratyphi B was isolated from mussels which had been collected on the local foreshore.

When advised by the Scottish Home & Health Department that mussels in the Holy Island area showed evidence of the toxin associated with the species of plankton—Dino-flagellate—fishmongers in the city were advised accordingly and no east coast mussels were sold from June to September.

The weight of foodstuffs seized in markets, shops and other premises in the city during 1970 was as follows:

	Weight in lbs.
Tinned Soups	4,806
Tinned Milk/Cream	832
Jam	692
Miscellaneous Vegetables	191,222
Beef	16,737
Meat/Tinned Meat	9,376
Cooked Ham	8,868
Pork	9,151
Tinned Fruit/Fresh Fruit	101,031
Poultry	3,871
Fish	5,364
Miscellaneous	6,624
	358,574

Equal to: 160 tons 1 cwt. 2 qrs. 6 lbs.

Meat Contracts.—115 visits were made to School Meals Centres throughout the city in order to check the quality of meat supplied by butchers. Suppliers' premises were also frequently visited to ensure that a good standard of hygiene prevailed. A problem was encountered with several batches of sausages, which on being cooked by steam, on aluminium trays, developed black staining. The cause seemed to be very complex but the City Analyst reported that it was probably associated with hexameta-phosphate and when this chemical was reduced in the sausage mixture the discolouration disappeared. By arrangement with the Regional Hospital Board routine visits were made to hospitals by meat inspectors to check the quality of meat and fish supplied by the various contractors. One contractor was reported to the Board due to the fact that he was not supplying meat up to contract standard. Following a warning from the Board the supplies from this source have given no further cause for complaint. During the year 106 visits were made to hospitals within the city.

Food Hygiene.—Talks were again given on Food Handling to students at the Napier College who were studying for the Certificate and Diploma in Food Hygiene (Royal Institute of Public Health and Hygiene). During the year tuition was also given to veterinary surgeons who attended Gorgie Abattoir for meat inspection refresher courses.

British Commonwealth Games.—Assistance was given to the organisers of the Commonwealth Games by serving on two sub-committees —the Hygiene Committee and the Food Contracts Committee. In the latter committee advice was given on placing of contracts in respect of quality of food. During the Games regular visits were made to the Games Village kitchen to ensure that the conditions of contract were being complied with and also to advise on food handling. In the early stages the kitchen was found to be rather cramped for the number of meals being served but by the provision of an insulated refrigerated vehicle placed outside the kitchen this difficulty was overcome. The catering staff provided an excellent service and obtained much deserved praise from the athletes.

Certificates for Export.—Requests were again received for various certificates declaring that animal products originating in this country were free from certain diseases. During the year 34 certificates were issued in respect of wool to Italy, 3 certificates in respect of wool to Belgium, 11 certificates in respect of Smoked Salmon to Greece, 12 certificates in respect of Whitings to America and 4 certificates in respect of porridge oats to Iran.

PORT FOOD INSPECTION

A large variety of foodstuffs were inspected at the Port of Leith under the Imported Food (Scotland) Regulations 1968. The main consigning countries were Denmark, Holland, Poland, and in the spring months, Cyprus and Israel. The "container" service, from the public health aspect, is still working satisfactorily. The largest seizure made this year was concerned with two containers of rice (Chinese). The rice had been handled very badly and was found to be damp and dirty. This material was, therefore, diverted for animal feeding.

The Liquid Egg (Pasteurisation) (Scotland) Regulations, 1963.—Under these Regulations the following consignments were examined and samples taken as shown:

	Consignments	*Samples Taken*
Dutch Egg	10	54
Polish Egg	2	49
Chinese Egg (ex-Glasgow)	2	16

In addition, periodic samples of pasteurised egg were taken at an egg plant located at Leith. All were satisfactory.

Three batches of the above Dutch egg and one consignment of Polish egg failed to pass the Alpha-Amylase test and were returned to the country of origin.

Consignments of imported egg albumen, dried egg, etc., landed at the dockside were examined and samples taken for bacteriological examination for the presence of salmonellae. The following indicates the numbers involved:

	Number of Samples Taken
Dutch Egg	108
Danish Egg	20
Chinese Egg	2
German Egg	23

Salmonellae were recovered from one carton of Dutch Flaked Albumen and this was returned to Holland.

The following table indicates the imported foods which were condemned, rejected or re-exported during 1970:

	Weight in lbs.
Broken Rice (Chinese)	59,808
Carrots	11,066
Beetroot	9,800
Onions	8,800
Luncheon Meats	1,669
Cooked Hams	70
Lard	28
Butter	186
Whole Hen Egg	188
Mussels	24
	91,639

Equal to: 40 tons 18 cwts. 23 lbs.

The total diseased and unsound foodstuffs dealt with by the Department in the city during 1970 is summarised as follows:

	Weight in lbs.
At Abattoir: Carcases	151,377
Offal	143,303
In Shops, Warehouses, etc.	358,574
At Port of Leith	91,639
	744,893

Equal to: 332 tons 10 cwts. 3 qrs. 9 lbs.

DISEASES OF ANIMALS ACTS

These Acts confer power on the Ministry of Agriculture, Fisheries and Food to make Orders for the control and prevention of animal diseases, to govern the import and export of animals and carcases, and to control the conditions of transport of animals by land and sea. The following mentioned are some of the diseases which are subject to administrative control by means of Orders by the Ministry:

Anthrax
Foot-and-Mouth Disease
Swine Fever
Bovine Tuberculosis and Contagious Abortion
Fowl Pest
Rabies

The Veterinary Department continued to execute the various duties which the local authority are required to carry out in Diseases of Animals work.

Anthrax.—Three suspect cases were reported in the city but all proved negative following investigation.

Foot-and-Mouth Disease.—There were no confirmed cases of this disease in 1970.

The Diseases of Animals (Waste Foods) Order, 1957.—Twelve pig feeders held licences under the above Order and periodic checks were made to the individual premises throughout the year to ensure that the installations were in proper repair and that unboiled swill was adequately protected.

The Regulation of Movement of Swine Order, 1959.—This Order states that no sale of pigs can be held unless it is authorised by the local authority. Messrs. John Swan & Sons and Messrs. Oliver & Son Ltd., of New Mart Road, Edinburgh, are so authorised to hold markets and, all store pigs which leave those premises do so under licence. During the year 22,800 pigs were licensed from Messrs. Swan's and 37,073 from Oliver's, necessitating the issue of 2,692 licences. The above Order also requires the licensing of pigs from Fatstock Centres and during the year 14,057 pigs were licensed, requiring the issue of 455 licences.

IMPORTATION OF ANIMALS

Irish Cattle.—The Order which controls the importation of Irish Cattle provides that cattle must be landed at ports approved for the purpose, where, on arrival, they are inspected and thereafter moved under licence; in the case of fat cattle, to a slaughterhouse, either direct or through an authorised market, and in the case of store cattle, *(a)* to a specially authorised market, or *(b)* to farms or other premises where they must be detained for six days on arrival. At Gorgie Market, 8,564 Irish cattle were received under licence from ports and 570 licences were issued authorising the movement of these cattle from the markets. 348 Irish cattle were moved to farms in the district of the local authority, from the markets, or direct from the ports where they were maintained under observation during the period of detention. A total of 1,012 fat Irish cattle were licensed from the ports to Gorgie Abattoir.

Sea Transport of Animals (Protection) Order, 1957.—During the year 16,519 sheep, 1,540 lambs, 2,599 cattle, 174 calves, 38 bulls, 110 foals and 4 dogs were landed at Leith Docks from coastwise vessels, mainly Orkney and Shetland.

The Transit of Animals Order is similarly designed to protect animals during road and rail transport, and in addition requires the disinfection of vehicles used in the transport of animals. The Market Committee continued to provide facilities for this work to be carried out at Gorgie Market. During the year 2,038 vehicles were cleansed and disinfected, an average of 39 per week.

Market Sales and Lair Order.—This Order regulates many features in the construction of livestock markets and provides for cleansing and disinfection of such premises on each occasion after use. All markets at Gorgie are well constructed for efficient and relatively easy disinfection. Regular supervision has been maintained and the work generally has been well done.

Dogs and Cats.—The Importation of Dogs and Cats Order of 1928 is intended to protect Great Britain against the introduction of rabies through the agency of the canine and feline animals brought from overseas. Following the development of rabies in a dog in England, which had undergone the six-month quarantine period as laid down in the 1928 Order, the following changes were made to the Order. The December 1969 amendment increased the quarantine period to eight months and this was further extended to twelve months in March 1970. Later in that month the importation of dogs and cats from overseas was completely banned but a further amendment—(Importation of Dogs and Cats (Amendment) (No. 3) Order, 1970)—came into force in September removing the ban and re-introducing the six-month quarantine period with the proviso that all imported animals be vaccinated during their stay in approved quarantine kennels. Those provisions only apply to domestic dogs and cats and the complete ban in respect of other canines and various types of exotic animals is still in force.

During the year 39 dogs and 10 cats were received and detained in approved premises within the city.

Pet Animals Act, 1951.—This Act controls the sale of pets to members of the public. Periodic visits were made to licensed pet shops in the course of the year and no contraventions of the Act were encountered. However, it was necessary to request two licence holders to stop selling kittens owing to outbreaks of feline enteritis. This they readily agreed to do and after thorough disinfection of their premises they re-commenced selling them after a period of three weeks. During the year 25 pet shops were licensed by the local authority.

The Animal Boarding Establishment Act, 1963.—This Act requires the local authority to register all premises in which dogs and cats are boarded. Four kennels were registered in the city and visits were paid to supervise the conditions of the accommodation provided. A good standard of hygiene was maintained in all cases and no complaints were received.

The Riding Establishment Act, 1964.—This Act requires the local authority to register all riding establishments. One such establishment exists in the city in which a very high standard of management is maintained.

Farms.—The department has continued to provide clinical services for the Regional Hospital Board farm at Roddinglaw. The herd is now registered as an Accredited Herd under the Brucellosis (Accredited Herds) Scheme.

Police Stud and Dog Section.—As in previous years regular veterinary attention was given to the police horses and dogs. Two new horses were purchased.

Acknowledgements.—I wish to express my gratitude to all members of my staff for their continued wholehearted endeavour and support during the year.

SECTION VIII

CITY ANALYST

REPORT OF THE CITY ANALYST FOR 1970

Although the Scott-Dodd Memorial Laboratory was closed for some five weeks during 1970 to permit much needed modernisation to be carried out, the grand total of samples examined was 9,315, which represents an increase of 6 per cent over the total for the previous year. The City of Edinburgh submitted a total of 7,208 of these samples which is 77·5 per cent of the total. The Laboratory also undertakes work for a number of other local authorities in Scotland and during this year 1,544 samples, 16·5 per cent, were received from this source. What may be described as other official authorities submitted 208 samples which represents 2·2 per cent and the remaining 3·8 per cent or 355 samples were received from private commercial firms. An analysis of the samples received during 1970 is given in the table below.

City of Edinburgh:			
Food and Drugs Act		1,633	
Milk Samples	511		
Fertilisers and Feeding Stuffs Act		8	
Rag Flock Act		10	
Trade Descriptions Act		6	
Atmospheric Pollution		5,115	
Smoke in Air Determinations	2,679		
Sulphur Dioxide Volumetric Method	2,436		
Waters		349	
Taken from Swimming Pools	283		
Miscellaneous		87	
Total samples received from the City of Edinburgh			7,208
Samples received from other local authorities:			
Berwick County:			
Food and Drugs Act		138	
Milk Samples	59		
Waters		9	
Berwick, Peebles, Roxburgh and Selkirk Weights and Measures Department:			
Fertilisers and Feeding Stuffs Act		2	
Clackmannan County:			
Food and Drugs Act		59	
Milk Samples	17		
Atmospheric Pollution Deposit Gauges		24	
Waters		25	
Miscellaneous		2	
East Lothian County:			
Food and Drugs Act		62	
Milk Samples	1		
Atmospheric Pollution Deposit Gauges		24	
Waters		14	
Taken from Swimming Pools	1		
Miscellaneous		5	
Inverness Burgh:			
Food and Drugs Act		33	
Milk Samples	3		
Inverness County:			
Food and Drugs Act		142	
Milk Samples	56		
Fertilisers and Feeding Stuffs Act		4	
Waters		60	
Miscellaneous		2	

Midlothian County:			
Food and Drugs Act		177	
Milk Samples	32		
Waters		28	
Taken from Swimming Pools	10		
Miscellaneous		5	
Moray and Nairn County:			
Food and Drugs Act		125	
Milk Samples	57		
Waters		15	
Orkney County:			
Food and Drugs Act		47	
Milk Samples	1		
Waters		32	
Miscellaneous		1	
Peebles County:			
Food and Drugs Act		31	
Milk Samples	12		
Waters		14	
Taken from Swimming Pools	2		
Miscellaneous		1	
Renfrew County:			
Food and Drugs Act		35	
Milk Samples	13		
Fertilisers and Feeding Stuffs Act		3	
Miscellaneous		2	
Roxburgh County:			
Food and Drugs Act		116	
Milk Samples	49		
Miscellaneous		5	
Selkirk County:			
Food and Drugs Act		32	
Milk Samples	16		
West Lothian County:			
Food and Drugs Act		145	
Milk Samples	6		
Fertilisers and Feeding Stuffs Act		4	
Waters		15	
Taken from Swimming Pools	13		
Miscellaneous		5	
Zetland County:			
Food and Drugs Act		53	
Milk Samples	11		
Waters		48	
Total number of samples received from other local authorities			1,544

Samples received from other authorities:

Department of Agriculture and Fisheries	3	
Northern Lighthouse Board	1	
Northern Regional Hospital Board	5	
North of Scotland Hydro-Electric Board	10	
Pharmaceutical Society	2	
Royal Botanic Gardens	5	
Royal College of Surgeons	1	
Royal Scottish Museum	1	
Scottish Gas Board	25	
South East of Scotland Water Board	155	
Total number of samples received from other authorities		208

Samples received from private sources:

Gas-free Certificates		69	
Road Tankers	29		
Ships	10		
Static Tanks	30		
Insurance Assessment		5	
Spirits		157	
Whisky	133		
Rum	21		
Gin	3		
Tea		10	
Waters		51	
Miscellaneous		63	
Total number of samples received from private sources			355
Total number of samples examined during 1970			9,315

Details of the analysis done with respect to the samples originating from Edinburgh are contained in the appropriate sections of the Report by the Chief Sanitary Inspector and the Chief Veterinary Officer. As required by the Food and Drugs (Scotland) Act 1956, the City Analyst makes an Annual Report which is transmitted to the Secretary of State for Scotland together with details of any action taken in each case. This report has been used as the basis of a complete Annual Report by the City Analyst which is being published separately.

SECTION IX

STATISTICAL TABLES

BIRTHS, DEATHS and MARRIAGES in EDINBURGH — 1951-70

Year	Estimated Population	NUMBERS						RATES					
		Live Births		Still Births	Marriages	Deaths		Per 1,000 of Estimated Population			Illegitimate Births per cent of Live Births	Deaths under 1 year per 1,000 Live Births	Still Births per 1,000 Total Births (Live and Still)
		Total	Illegitimate			All Ages	Under 1 year	Live Births	Marriages	Deaths			
1946–50	**482,267**	8,693	**519**	**244**	**4,582**	6,241	**348**	**17·9**	**9·4**	**12·9**	6·0	**39**	**27**
1951	467,435	7,353	402	204	4,222	6,474	196	15·7	9·0	13·9	5·5	27	27
1952	475,074	7,129	391	195	4,240	5.964	206	15·0	8·9	12·6	5·5	29	27
1953	470,847	7,241	379	163	4,152	5,782	177	15·4	8·8	12·3	5·2	24	22
1954	469,297	7,256	386	158	4,347	6,061	185	15·5	9·3	12·9	5·3	25	21
1955	467,889	7,128	358	177	4,517	6,049	179	15·2	9·7	12·9	5·0	25	24
1951–55	**470,108**	**7,221**	383	**179**	**4,296**	**6,066**	**189**	**15·4**	**9·1**	**12·9**	**5·3**	26	**24**
1956	466,889	7,467	360	176	4,492	6,071	179	16·0	9·6	13·0	4·8	24	23
1957	465,671	7,854	399	153	4,326	6,005	191	16·9	9·3	12·9	5·1	24	19
1958	467,410	7,864	369	155	4,283	6,023	193	16·8	9·2	12·9	4·7	25	19
1959	469,399	8,150	385	161	4,212	6,246	199	17·4	9·0	13·3	4·7	24	19
1960	471,585	8,443	441	166	4,050	5,940	178	17·9	8·6	12·6	5·2	21	19
1956–60	**468,191**	**7,956**	**391**	162	**4,273**	**6,057**	188	17·0	**9·1**	**12·9**	**4·9**	**24**	20
1961	474,062	8,373	479	159	3,956	6,210	190	17·7	8·3	13·1	5·7	23	19
1962	475,338	8,753	541	140	4,045	6,092	211	18·4	8·5	12·8	6·2	24	16
1963	476,228	8,504	596	156	4,035	6,219	199	17·9	8·5	13·1	7·0	23	18
1964	473,270	8,774	612	143	4,046	5,859	181	18·5	8·5	12·4	7·0	21	16
1965	472,352	8,370	599	122	4,152	6,150	197	17·7	8·8	13·0	7·2	24	14
1961–65	**474,250**	8,555	**565**	**144**	**4,047**	6,106	**196**	18·0	**8·5**	**12·9**	6·6	**23**	**17**
1966	468,765	7,819	645	105	4,246	6,187	174	16·7	9·1	13·2	8·2	22	13
1967	467,986	7,728	656	120	4,342	5,755	166	16·5	9·3	12·3	8·5	21	15
1968	466,464	7,529	668	111	4,387	6,142	145	16·1	9·4	13·2	8·9	19	15
1969	465,421	6,897	659	79	4,487	6,021	153	14·8	9·6	12·9	9·6	22	11
1970	464,800	6,551	584	78	4,398	5,981	123	14·1	9·5	12·9	8·9	19	12

CITY OF

Deaths from Specified Causes and Death Rates per 1,000

CAUSE OF DEATH	MALES											Total Males
	-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75+	
1. Enteritis and other Diarrhoeal Diseases	3	—	—	—	—	—	—	—	—	—	—	3
2. Tuberculosis of Respiratory System	—	—	—	—	—	—	—	3	1	3	3	10
3. Tuberculosis: Other Forms ..	—	—	—	—	—	—	—	1	—	—	1	2
4. Whooping Cough	1	—	—	—	—	—	—	—	—	—	—	1
5. Meningococcal Infection ..	1	—	—	—	—	—	—	—	—	—	—	1
6. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—
7. Measles	—	—	—	—	—	—	—	—	—	—	—	—
8. Syphilis and its Sequelae ..	—	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases	2	—	—	—	—	1	1	—	—	1	—	5
10. Malignant Neoplasms	—	1	1	2	7	2	13	62	183	245	162	678
11. Benign and Unspecified Neoplasms	1	—	—	—	—	1	—	3	1	3	1	10
12. Diabetes Mellitus	—	—	—	—	—	—	1	3	12	10	4	30
13. Anaemias	—	—	—	—	—	—	—	—	1	—	3	4
14. Meningitis	1	—	—	—	—	—	—	2	1	—	—	4
15. Other Diseases of Nervous System	1	—	3	—	2	1	1	5	9	10	11	43
16. Rheumatic Fever	—	—	—	—	—	—	—	—	—	—	—	—
17. Chronic Rheumatic Heart Disease	—	—	—	—	—	1	2	3	5	2	4	17
18. Hypertensive Disease	—	—	—	—	—	—	1	4	8	7	9	29
19. Ischaemic Heart Disease	—	—	—	—	—	1	13	79	213	283	272	861
20. Other Forms of Heart Disease ..	—	—	—	—	—	—	1	3	5	15	27	51
21. Cerebrovascular Disease	—	—	—	—	—	4	6	9	55	88	180	342
22. Other Circulatory Diseases ..	—	—	—	—	—	—	2	—	7	31	47	87
23. Influenza	—	—	—	—	—	2	1	3	6	6	4	22
24. Pneumonia	6	—	1	—	1	2	—	3	18	36	70	137
25. Bronchitis, Emphysema and Asthma	—	—	—	—	2	1	1	11	39	78	53	185
26. Other Respiratory Diseases ..	—	1	—	—	2	—	—	2	3	9	6	23
27. Ulcer of Stomach and Duodenum	—	—	—	—	—	—	1	1	4	8	6	20
28. Appendicitis	—	—	1	—	—	—	—	—	—	1	1	3
29. Intestinal Obstruction and Hernia	—	—	—	—	1	—	—	—	1	5	8	15
30. Other Digestive Diseases ..	—	—	—	—	—	2	—	3	11	16	7	39
31. Nephritis and Nephrosis	—	—	—	—	—	—	—	2	1	5	7	15
32. Other Diseases of Genito-Urinary System	—	—	—	—	—	—	—	1	2	8	26	37
33. Puerperal Causes	—	—	—	—	—	—	—	—	—	—	—	—
34. Diseases of Skin and Musculo-Skeletal System	—	—	—	—	—	—	—	—	—	1	6	7
35. Congenital Anomalies	17	—	—	1	1	1	—	—	2	2	—	24
36. Other Causes of Perinatal Mortality	30	—	—	—	—	—	—	—	—	—	—	30
37. Senility	—	—	—	—	—	—	—	—	—	—	—	—
38. Motor and Other Road Vehicle Accidents	—	1	3	1	8	3	2	6	7	5	8	44
39. Accidents in the Home	4	1	1	—	—	2	2	2	5	6	5	28
40. Suicide and Self-Inflicted Injuries	—	—	—	—	1	6	3	4	7	3	—	24
41. Other Violence	1	1	—	1	5	3	3	2	7	6	9	38
42. All Other Causes	—	—	—	—	1	1	—	2	2	1	4	11
TOTALS ..	68	5	10	5	31	34	54	219	616	894	944	2,880

EDINBURGH

in Sex and Age-Group of the Population

CAUSE OF DEATH	FEMALES											Total Fe-males	Total Both Sexes	Rate per 1,000 pop.
	–1	1–	5–	10–	15–	25–	35–	45–	55–	65–	75+			
1. Enteritis and other Diarrhoeal Diseases	3	—	—	—	—	—	—	—	1	—	—	4	7	0·015
2. Tuberculosis of Respiratory System	—	—	—	—	—	—	1	—	1	1	—	3	13	0·030
3. Tuberculosis: Other Forms . .	—	—	—	—	—	—	1	—	—	—	2	3	5	0·010
4. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	1	0·002
5. Meningococcal Infection . .	—	—	—	—	—	—	—	—	—	—	—	—	1	0·002
6. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Measles	1	—	—	—	—	—	—	—	—	—	—	1	1	0·002
8. Syphilis and its Sequelae . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases	1	1	—	2	—	—	—	1	2	1	6	14	19	0·040
10. Malignant Neoplasms . .	—	2	2	2	4	6	23	61	144	179	212	635	1,313	2·825
11. Benign and Unspecified Neo-plasms	—	1	—	—	—	—	—	—	1	2	2	6	16	0·034
12. Diabetes Mellitus	—	—	—	—	—	—	—	2	3	23	11	39	69	0·148
13. Anaemias	—	—	—	—	—	—	1	—	1	2	8	12	16	0·034
14. Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	4	0·008
15. Other Diseases of Nervous System	1	1	1	—	2	—	1	3	7	10	28	54	97	0·208
16. Rheumatic Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Chronic Rheumatic Heart Disease	—	—	—	—	1	1	2	7	11	11	9	42	59	0·127
18. Hypertensive Disease . .	—	—	—	—	—	—	1	2	4	8	35	50	79	0·170
19. Ischaemic Heart Disease . .	—	—	—	—	—	—	3	11	81	178	423	696	1,557	3·350
20. Other Forms of Heart Disease	—	—	—	—	1	—	—	2	5	16	90	114	165	0·355
21. Cerebrovascular Disease . .	—	—	—	—	—	—	2	17	48	132	413	612	954	2·052
22. Other Circulatory Diseases . .	—	—	—	—	—	1	1	3	10	20	124	159	246	0·529
23. Influenza	—	—	—	—	—	—	1	3	5	10	27	46	68	0·146
24. Pneumonia	3	—	1	—	—	—	—	7	13	39	120	183	320	0·688
25. Bronchitis, Emphysema and Asthma	1	—	—	1	—	—	1	10	11	18	34	76	261	0·561
26. Other Respiratory Diseases . .	1	—	1	—	—	—	—	1	2	2	10	17	40	0·086
27. Ulcer of Stomach and Duo-denum	—	—	—	—	—	—	—	—	1	6	6	13	33	0·071
28. Appendicitis	—	—	—	—	—	—	—	—	—	1	1	2	5	0·010
29. Intestinal Obstruction and Hernia	—	—	—	—	—	—	—	1	1	2	12	16	31	0·067
30. Other Digestive Diseases . .	—	—	—	1	—	—	4	3	5	10	24	47	86	0·185
31. Nephritis and Nephrosis . .	—	—	—	—	—	1	2	3	1	4	7	18	33	0·071
32. Other Diseases of Genito-Urinary System	1	—	—	—	—	—	—	2	5	2	14	24	61	0·131
33. Puerperal Causes	—	—	—	—	1	—	1	—	—	—	—	2	2	0·004
34. Diseases of Skin and Musculo-Skeletal System	—	—	—	—	—	—	1	1	2	2	7	13	20	0·043
35. Congenital Anomalies . .	25	—	1	—	—	—	1	1	—	—	2	30	54	0·116
36. Other Causes of Perinatal Mortality	18	—	—	—	—	—	—	—	—	—	—	18	48	0·103
37. Senility	—	—	—	—	—	—	—	—	—	—	6	6	6	0·013
38. Motor and other Road Vehicle Accidents	—	—	2	1	—	1	—	—	4	6	9	23	67	0·144
39. Accidents in the Home . .	—	1	—	—	—	—	—	5	6	9	37	58	86	0·185
40. Suicide and Self-Inflicted Injuries	—	—	—	—	—	4	1	8	5	2	1	21	45	0·097
41. Other Violence	—	—	—	—	3	1	2	1	4	2	18	31	69	0·148
42. All Other Causes	—	—	—	—	1	—	1	—	2	4	5	13	24	0·052
TOTALS . .	55	6	8	7	13	15	51	155	386	702	1,703	3,101	5,981	12·9

CAUSES OF DEATH AMONG CHILDREN UNDER 5 YEARS DURING 1970

	Under 1 day	Under 1 wk.	1 and under 2 wks.	2 and under 3 wks.	3 and under 4 wks.	Total under 4 wks.	4 wks. and under 3 mths.	3 and under 6 mths.	6 and under 9 mths.	9 and under 12 mths.	Total under 12 mths.	12 mths. and under 2 yrs.	2 yrs. 3 and under 3 yrs.	3 and under 4 yrs.	4 and under 5 yrs.	Total 1–5 yrs.	Total under 5 yrs.
Tuberculosis, Respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis, Other Forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1
Meningococcal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Meningococcal Infections.. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Infectious and Parasitic Diseases ..	—	—	1	—	—	1	1	—	1	—	3	1	—	—	—	1	4
Malignant Disease	—	—	—	—	—	—	—	—	2	—	2	2	—	1	1	4	6
Meningitis, Other Forms..	—	—	1	—	—	1	—	—	—	—	1	—	—	—	—	—	1
Influenza..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	1	2	1	—	1	5	—	2	—	—	7	—	—	—	—	—	7
Bronchitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Respiratory Diseases	—	—	—	—	—	—	1	—	—	—	1	1	—	—	—	1	2
Intestinal Obstruction and Hernia ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Gastro Enteritis	—	—	—	1	—	1	1	2	2	1	7	—	—	—	—	—	7
Other Digestive Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital Heart	—	4	1	1	—	6	1	—	1	—	8	—	—	—	—	—	8
Congenital Malformations	9	3	7	—	3	22	8	—	—	—	30	1	1	—	—	2	32
Injury at Birth	1	—	—	1	—	2	—	—	—	1	3	—	—	—	—	—	3
Post-Natal Asphyxia and Atelectasis ..	6	9	—	—	—	15	—	—	—	—	15	—	—	—	—	—	15
Other Infections of New Born	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases Early Infancy	—	2	—	—	—	2	—	—	—	—	2	—	—	—	—	—	2
Immaturity	19	8	1	—	—	28	—	—	—	—	28	—	—	—	—	—	28
Accidents:—																	
Suffocation	—	—	1	—	—	1	4	2	3	—	10	1	—	—	—	1	11
Overlaying	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Out-of-Doors	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1
Other	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
Other Violence	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All Other Causes..	1	1	—	—	—	2	—	2	—	1	5	—	—	—	—	—	5
TOTALS ..	37	29	13	3	4	86	16	9	9	3	123	6	2	1	2	11	134

ANALYSIS OF DEATHS FROM MALIGNANT DISEASES 1970

SITE	SEX AND AGE GROUPS																TOTALS		
	Under 15		15–24		25–34		35–44		45–54		55–64		65–74		75+				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Both Sexes
Tongue and Mouth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	2	1	3
Pharynx	—	—	1	—	—	—	—	—	—	—	2	1	1	2	2	1	6	4	10
Stomach and Oesophagus	—	—	—	—	—	—	3	2	3	1	19	13	28	16	20	44	73	76	149
Intestines and Rectum	—	—	—	—	—	1	—	—	11	7	18	21	22	25	20	37	71	91	162
Liver and Gall Bladder	—	—	—	—	—	—	—	—	—	—	1	1	3	5	1	4	5	10	15
Pancreas	—	—	—	—	—	—	1	—	5	3	10	8	7	5	9	17	32	33	65
Other Digestive Sites	—	—	1	1	—	—	—	—	—	—	—	1	2	—	1	3	4	5	9
Bronchus and Lungs	—	—	—	—	—	—	3	1	24	9	94	27	117	24	58	16	296	77	373
Other Respiratory System	—	—	—	—	—	—	—	—	1	—	2	—	3	3	3	2	9	5	14
Bones	—	—	—	—	—	—	—	—	1	—	—	1	2	—	—	—	3	1	4
Breast	—	—	—	—	—	2	—	7	—	16	—	32	—	39	—	28	—	124	124
Genital Organs	—	—	—	—	—	—	—	7	—	12	—	12	—	27	—	16	—	74	74
Prostate	—	—	—	—	—	—	—	—	1	—	4	—	7	—	16	—	28	—	28
Bladder	—	—	—	—	—	—	—	—	1	2	4	3	14	6	9	10	28	21	49
Kidney	—	—	—	—	—	—	—	—	2	—	2	2	2	1	1	2	7	5	12
Other Urinary Sites	—	1	—	—	—	—	—	—	—	—	2	1	1	—	1	2	4	4	8
Brain	1	—	1	—	1	1	—	—	3	—	—	1	2	2	1	1	9	5	14
Other Nervous Sites	2	2	2	1	—	—	—	—	1	1	4	2	—	—	—	—	9	6	15
Lymphatic and Haematopoietic Tissue	—	—	1	—	1	1	2	1	3	3	8	2	8	8	—	7	23	22	45
Leukaemia	1	2	—	1	—	—	2	2	—	—	3	3	6	6	5	4	17	18	35
All Other Sites	—	—	—	1	—	—	1	2	2	3	2	4	7	6	5	9	17	25	42
Without Specification of Site	—	1	1	—	—	1	1	1	4	4	8	9	13	4	8	8	35	28	63
TOTALS MALE	4	—	7	—	2	—	13	—	62	—	183	—	245	—	162	—	678	—	1,313
TOTALS FEMALE	—	6	—	4	—	6	—	23	—	61	—	144	—	179	—	212	—	635	

ANALYSIS OF STILLBIRTHS, 1970

CAUSE	Number	Rate per 1,000 Total Births
Placental and Cord Conditions	22	3·4
Congenital Anomalies of Foetus	18	2·7
Anoxic and Hypoxic Conditions	15	2·3
Toxaemias	9	1·4
Difficult Labour	3	0·5
Rhesus Factor	1	0·2
Acute and Chronic Disease in Mother	2	0·3
Ill-defined and Other Causes	8	1·2
TOTAL ..	78	12·0

CHILD WELFARE CLINICS

Year of Birth	Number of New Cases	Number of Children Attending	Total Number of Attendances
1970	3,916	3,916	23,568
1969	705	3,264	18,820
1965–68	372	2,252	6,676
Others	20	34	54
TOTAL	5,013	9,466	49,118

Systematic Examination of Children attending Ordinary and Special Schools

Showing Number Examined, Immunisation State and Referrals made

	Nursery		Infants		9-year-olds		13-year-olds		16-year-olds		TOTAL
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys and Girls
Total number examined in each Age Group	1,267	594	3,482	3,031	59	36	2,561	2,268	8	3	13,309
Parents present at examination	999 78·85%	571 96·13%	3,238 92·99%	2,690 88·75%	39 66·01%	27 75·00%	432 16·87%	373 16·45%	— —	1 33·33%	8,370 62·89%
Immunisation State:											
(a) Diphtheria/Tetanus (Fully Protected)	1,073 84·69%	486 81·82%	3,148 90·41%	2,720 89·74%	56 94·92%	36 100·0%	2,105 82·19%	1,770 78·04%	8 100·0%	3 100·0%	11,405 85·69%
(b) Poliomyelitis (Fully Protected)	1,081 85·32%	563 94·78%	3,058 87·82%	2,736 90·27%	56 94·92%	33 91·67%	2,098 81·92%	1,785 78·70%	8 100·0%	3 100·0%	11,421 85·81%
(c) Smallpox (Vaccinated)	911 71·90%	474 79·80%	2,546 73·12%	2,291 75·59%	50 84·75%	27 75·00%	1,776 69·35%	1,460 64·37%	8 100·0%	3 100·0%	9,546 71·73%
Referrals Made:											
(a) Refraction	46 3·63%	5 0·84%	124 3·56%	94 3·10%	3 5·08%	1 2·78%	135 5·27%	130 5·73%	— —	— —	538 4·04%
(b) Further Medical Opinion/Treatment	65 5·13%	18 3·03%	193 5·54%	151 4·98%	7 11·86%	4 11·11%	105 4·10%	74 3·26%	2 25·00%	— —	619 4·65%
(c) Speech Therapy	10 0·79%	7 1.18%	95 2·73%	42 1·39%	1 1·69%	— —	5 0·20%	2 0·09%	— —	— —	162 1·22%
(d) Dental Treatment	101 7·97%	19 3·20%	208 5·97%	252 8·31%	3 5·08%	2 5·56%	240 9·37%	168 7·41%	2 25·00%	— —	995 7·48%
(e) Head Cleansing—advice to parents	13 1·03%	— —	11 0·32%	22 0·73%	— —	— —	28 1·09%	18 0·79%	— —	— —	92 0·69%
(f) Supervision by School Doctor	180 14·21%	59 9·93%	607 17·43%	411 13·56%	1 1·69%	4 11·11%	230 8·98%	210 9·26%	— —	— —	1,702 12·79%
Total number of *children* to whom these referrals apply	321 25·34%	84 14·14%	956 27·46%	846 27·91%	15 25·42%	11 30·56%	589 23·00%	473 20·86%	4 50·00%	—	3,299 24·79%

VISION TESTING

AGE	Total Number Examined		GOOD VISION (6/6 in better eye, with or without glasses)		FAIR VISION (6/9 or 6/12 in better eye, with or without glasses)				BAD VISION (6/18 or worse in better eye, with or without glasses)			
					Defect already known		Defect recognised for first time		Defect already known		Defect recognised for first time	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
7-year-olds:												
Boys	2,711	100	2,468	91·03	89	3·28	115	4·24	20	0·74	19	0·70
Girls	2,495	100	2,205	88·37	81	3·25	171	6·85	18	0·72	20	0·80
9-year-olds:												
Boys	2,422	100	2,155	88·98	128	5·28	86	3·55	33	1·36	20	0·83
Girls	2,453	100	2,112	86·10	157	6·4	130	5·3	36	1·47	18	0·73

REMAND HOME, EDINBURGH

	ON CHARGE		ON PETITION	
	Examined for Admission	Examined for Approved School Report	Examined for Admission	Examined for Approved School Report
EDINBURGH:				
Boys	262	96	20	16
Girls	38	16	42	28
TOTAL ..	300	112	62	44
OUTWITH:				
Boys	226	144	8	7
Girls	33	16	61	37
TOTAL ..	259	160	69	44
GRAND TOTAL ..	559	272	131	88

Total of Edinburgh and Outwith Children:

Examined for Approved School Report—360 (total 1968/9—335)
Examined for admission —690 (total 1968/9—597)

AUDIOMETRIC TESTING — SESSION 1969-70

				Double Defect 1–4K Better Ear				Single Ear Defect 1–4K						
	Listed	Tested	Normal	Total Defec.	15–29 Dbs.	30–45 Dbs.	46 Dbs. or over	Total Defec.	15–29 Dbs.	30–45 Dbs.	46 Dbs. or over	Abs.	Left	U/T
Infant admits of 1969 ..	6,877	6,369	5,800	173	125	45	3	396	224	152	20	501	—	7
% of number tested			91·1	2·7				6·2						
Born 1961	6,535	6,149	5,655	173	138	26	9	321	237	68	16	384	—	2
% of number tested			92·0	2·8				5·2						
Born 1956	552	513	498	4	2	2		11	5	5	1	39		
% of number tested			97·1	0·8				2·1						
Absentees of last session ..	901	687	626	24	23	1		37	27	8	2	79	135	—
Defectives of last session ..	4,108	2,660	1,251	609	443	103	63	800	509	210	81	1,206	242	—
% of number tested			47·0	22·9				30·1						
Normal last session	1,348	860	715	39	36	3		106	86	19	1	415	73	—
% of number tested			83·2	4·5				12·3						
Special requests	832	826	716	60	42	9	9	50	32	14	4	—	—	6
% of number tested			86·6	7·3				6·1						
Totals	21,153	18,064	15,261	1,082	809	189	84	1,721	1,120	476	125	2,624	450	15
Less Duplicates	599	557	327	99	68	22	9	131	86	31	14	40	2	—
Final Totals	20.554	17,507	14,934	983	741	167	75	1,590	1,034	445	111	2,584	448	15
Absentee O.C.D.	..	..	D & S	549	448	85	16	657	412	173	72		Grade D	
Total Defectives	..	..	3,779	1,532	1,189	252	91	2,247	1,446	618	183		—	
Defectives attending other schools	..	..	40										40	
Area total of Defectives ..	..	..	3,819	1,532	1,189	252	91	2,247	1,446	618	183		40	
% of total number of Defectives	..	..		40·1	31·1	6·6	2·4	58·8	37·8	16·2	4·8		1·1	
% of school population of 69,606	..	..	5·48	2·20	1·71	0·36	0·13	3·22	2·08	0·88	0·26		0·06	

Number of Deaths from Various Causes in Edinburgh School Children (5-14 years) 1951-70

YEAR	Pulmonary T.B.	Other T.B.	Cerebro Spinal Fever	Poliomyelitis	Measles	Diphtheria	Whooping Cough	Nervous Diseases	Heart Diseases	Pneumonia and other Respiratory Diseases	Digestive Diseases	Urinary Diseases	Rheumatic Fever	Malignant Disease	Accidents and other Violence	Cerebrovascular Circulatory Diseases	Other Causes	Total Deaths 5–14 years	Death Rate per 10,000 Population
1951	1	4	—	—	—	—	—	3	1	2	—	1	1	4	18	—	1	36	6·0%
1952	2	—	—	—	—	—	—	3	1	2	—	2	2	8	5	—	8	33	5·5%
1953	—	1	—	—	—	1	—	2	—	6	2	—	2	8	8	—	4	34	5·5%
1954	1	—	—	—	—	—	1	3	1	5	3	1	—	6	9	—	4	34	5·5%
1955	—	—	2	—	—	—	—	5	—	4	2	1	—	3	11	—	2	30	4·8%
1956	—	—	—	—	—	—	—	3	—	1	1	1	2	6	3	—	5	22	3·5%
1957	—	—	—	—	—	—	1	3	—	2	—	1	1	10	9	—	4	31	4·9%
1958	—	—	—	—	—	—	—	1	2	1	2	—	—	2	7	—	2	17	2·7%
1959	—	—	—	—	—	—	—	3	—	2	—	—	1	4	7	—	1	18	2·8%
1960	—	—	—	—	—	—	—	1	2	2	3	3	—	8	8	—	9	36	5·5%
1961	—	—	—	—	1	—	—	—	—	1	1	1	—	4	10	—	3	21	3·2%
1962	—	—	—	—	—	—	—	4	1	—	—	—	—	2	12	—	6	25	3·8%
1963	—	—	—	—	—	—	—	1	—	1	2	2	—	6	6	—	2	20	3·1%
1964	—	—	—	—	—	—	—	6	—	1	2	—	—	6	7	—	5	27	4·2%
1965	—	—	—	—	—	—	—	5	—	2	—	1	—	9	10	—	7	34	5·2%
1966	—	—	—	—	1	—	—	2	1	3	—	—	—	4	8	—	1	20	2·9%
1967	—	—	—	—	—	—	—	3	—	3	—	—	—	7	9	—	6	28	4·3%
1968	—	—	—	—	—	—	—	1	1	5	1	—	—	4	10	2	—	24	3·7%
1969	—	—	—	—	—	—	—	—	—	—	—	—	—	3	7	—	5	15	2·3%
1970	—	—	—	—	—	—	—	3	3	3	2	—	—	6	7	1	3	28	2·8%

Tuberculin Testing and B.C.G. Vaccination of School Children born in 1956

	BOYS			GIRLS			TOTAL		
							Boys and Girls	Boys and Girls	Boys and Girls
	Local Authority	Private	Total	Local Authority	Private	Total	Local Authority	Private	Grand Total
Number offered Tuberculin Testing	2,732	714	3,446	2,694	471	3,165	5,426	1,185	6,611
Number Accepted	2,567 94·0%	667 93·4%	3,234 93·8%	2,588 96·1%	446 94·7%	3,034 95·9%	5,155 95·0%	1,113 93·9%	6,268 94·8%
Number not Tested (Cases, Contacts, Absentees, etc.) ..	195	20	215	206	16	222	401	36	437
Number Tuberculin Tested	2,372	647	3,019	2,382	430	2,812	4,754	1,077	5,831
Number of Tests Read	2,254	639	2,893	2,268	421	2,689	4,522	1,060	5,582
Number of Natural Positive Reactors	152 6·7%	45 7·0%	197 6·8%	151 6·7%	57 13·5%	208 7·7%	303 6·7%	102 9·6%	405 7·3%
Heaf Positive Grade I	108 71·1%	32 71·1%	140 71·1%	112 74·2%	52 91·2%	164 78·8%	220 72·6%	84 82·4%	304 75·1%
Heaf Positive Grade II	20 13·2%	9 20·0%	29 14·7%	23 15·2%	3 5·3%	26 12·5%	43 14·2%	12 11·8%	55 13·6%
Heaf Positive Grade III	16 10·5%	3 6·7%	19 9·6%	13 8·6%	2 3·5%	15 7·2%	29 9·6%	5 4·9%	34 8·4%
Heaf Positive Grade IV	8 5·3%	1 2·2%	9 4·6%	3 2·0%	— —	3 1·4%	11 3·6%	1 1·0%	12 3·0%
Number of Post-Vaccinal Positive Reactors	219 9·7%	74 11·6%	293 10·1%	207 9·1%	32 7·6%	239 8·9%	426 9·4%	106 10·0%	532 9·5%
Number of Negative Reactors	1,883 83·5%	520 81·4%	2,403 83·1%	1,910 84·2%	332 78·9%	2,242 83·4%	3,793 83·9%	852 80·4%	4,645 83·2%
Number Vaccinated	1,874	520	2,394	1,898	332	2,230	3,772	852	4,624

SPEECH THERAPY ANNUAL RETURN

A. Number of children referred for treatment in the year ending 31/7/70

		Up to 4 years		5–8 years		9–12 years		13–16 years		TOTAL	
		Born in year 1966 or later		Born in years 1962–1965		Born in years 1958–1961		Born in years 1954–1957			
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1. Referred with speech defect alone:	Stammerers			15	4	9	1	2		26	5
	Others	2		167	85	17	4	1	6	187	95
2. Referred with speech defect plus other handicap:											
(a) From P.H. Schools	Stammerers			1						1	
	Others			4	2		1			4	3
(b) From M.H. Schools	Stammerers			1		2				3	
	Others			7	1	1				8	1
(c) From other Special Schools and classes	Stammerers										
	Others			1	1	1				2	1
(d) From Normal Schools	Stammerers			1					1	1	1
	Others			27	15	5	2			32	17
								TOTAL	..	264	123

B. Number of children dealt with in the year ending 31/7/70

	Born in year 1966 or later		Born in years 1962–1965		Born in years 1958–1961		Born in years 1954–1957		TOTAL	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Diagnosis and advice to teacher only	11	4	73	38	23	15	2	2	109	59
Treatment: Duration (a) Up to 3 months	1	1	84	37	17	4	1	1	103	43
(b) Over 3 months and less than 12 months ..			207	93	74	35	7	5	288	133
(c) 12 months or more			91	29	56	20	20	9	167	58
							TOTAL	..	667	293

C. Number of cases on waiting list on 31/7/70 — 146

TABLE I

LOCAL AUTHORITY DENTAL SERVICES (School and M. & C.W.)
1st AUGUST 1969 to 31st JULY 1970

School population — 65,770
Estimated pre-school population — 39,250

Section I — General Statistics

	AGE ON INSPECTION													
	Ages 0–4	5	6	7	8	9	10	11	12	13	14	15	16	17+	Total Ages 5–17+
Routine Dental Inspection ..	2,659	3,569	3,881	3,761	3,698	3,823	3,254	2,967	1,548	844	518	249	105	79	28,296
With Dental Defects	1,719	2,685	2,937	2,872	2,921	2,866	2,373	2,038	1,107	648	439	216	89	66	21,257
Offered Treatment	1,675	2,627	2,761	2,655	2,613	2,617	2,011	1,660	941	631	435	216	89	63	19,319
Accepting Treatment	1,069	1,440	1,611	1,501	1,476	1,416	1,132	908	573	441	342	186	75	57	11,158
Treated	1,180	1,316	1,553	1,359	1,323	1,264	1,036	896	620	490	394	209	87	73	10,620
Number made Dentally Fit ..	868	1,026	1,444	1,219	1,333	1,306	1,136	994	738	610	494	314	164	105	10,883
Special and Emergency Cases ..	368	286	310	245	292	209	203	154	136	127	137	64	32	28	2,223
Attendances for Treatment: Total Ages 0–4	4,684									**Attendances for Treatment:** Total Ages 5–17+					57.602

Section II—Details of Treatment

	School Children	Pre-School Children	Mothers		Total
			Ante-Natal	Post-Natal	
Fillings:					
Permanent—teeth	22,716	—	34	72	22,822
surfaces	27,687	—	44	85	27,816
Deciduous—teeth	12,053	2,378	—	—	14,431
surfaces	17,306	3,055	—	—	20,361
Extractions *(excluding Orthodontic)*:					
Permanent teeth—routine	2,109	—	7	7	2,123
special	339	—	none	none	339
total	2,448	—	7	7	2,462
Deciduous teeth—routine	7,980	1,005	—	—	8,985
special	844	170	—	—	1,014
total	8,824	1,175	—	—	9,999
General Anaesthetics:	1,452	202	none	none	1,654
Other Operations:					
Permanent teeth	19,506	—	34	50	19 590
Deciduous teeth	5,998	1,912	—	—	7,910
Dentures:					
Partial	81	none	1	4	86
Full	6	none	none	1	7
Repairs to Dentures:	24	none	none	none	24
Number of X-rays *(excluding Orthodontic)*:					
Intra	1,634	33	5	5	1 677
Extra	315	none	none	none	315

Section III—Orthodontic Treatment

	School Children
No. of cases continued from previous year	412
No. of new cases	310
No. of cases completed	189
No. of cases discontinued	41
No. of cases continuing at end of year	492
No. of examinations: *(a)* Consultant R.H.B.	56
(b) Dental Officers	254
No. of examinations not followed by treatment: *(a)* Consultant R.H.B.	Nil
(b) Dental Officers	3
Attendances: *(a)* Consultant R.H.B.	145
(b) Dental Officers	4,369
Removable appliances fitted: *(a)* Consultant R.H.B.	Nil
(b) Dental Officers	101
Fixed appliances fitted: *(a)* Consultant R.H.B.	Nil
(b) Dental Officers	7
Treated without appliances: *(a)* Consultant R.H.B.	Nil
(b) Dental Officers	81
Extractions: *(a)* Permanent Teeth	448
(b) Deciduous Teeth	363
Repairs to appliances	8
No. of X-rays: *(a)* Intra-Oral	254
(b) Extra-Oral	564

Section IV—Maternity

	Ante-Natal	*Post-Natal*
Routine Examination	15	14
Attendances	56	77
Completely Dentally Fit	7	13
Fillings	34	72
Extractions	7	7
Other Operations	34	50
General Anaesthetics	none	none
Dentures	1	5

Patients attended by the Queen's Institute of District Nursing during 1970

DISTRICT	Staff on Districts	PATIENTS								Ante-Natal Visits	T.B. Visits	Total all Visits	Work Under-taken in Surgery
		Medical		Surgical		Maternity		Total					
		New	Old	New	Old	New	Old	New	Old				
Central Training Home	See below	1,550	1.062	547	87	145 E.D. 79	2 E.D. 3	2,321	1,154	1,302	5,223	108,278	—
Periphery Districts	16	1,003	530	492	58	—	—	1,495	588	—	3,305	57,504	—
Group Attachments:													
Restalrig	2	134	54	76	13	—	—	210	67	—	123	5,823	1,018
Liberton I	1	102	18	27	5	—	—	129	23	—	9	3,243	1,317
Liberton II	½	46	19	25	4	—	—	71	23	—	100	2,408	—
Granton	4	771	49	135	5	—	—	906	54	—	134	7,277	7,660
Morningside	2	135	54	45	6	—	—	180	60	—	110	5,862	705
Stockbridge	2	77	31	46	4	—	—	123	35	—	47	3,831	2,494
Marchmont	½	65	27	32	12	—	—	97	39	—	—	2,777	262
Ferry Road	2	227	47	48	1	—	—	275	48	—	84	3,608	2,784
Inverleith	1	78	39	30	2	—	—	108	41	—	—	3,174	289
Portobello	2	43	32	59	9	—	—	102	41	—	320	4,247	345
Wellington Place	1	252	26	26	5	—	—	278	31	—	143	3,324	138
Bruntsfield	1	88	31	29	6	—	—	117	37	—	14	3,993	15
Craiglockhart	1	126	22	48	5	—	—	174	27	—	34	3,071	735
Summerside	1	169	25	26	3	—	—	195	28	—	134	3,194	1,087
Polwarth	2	74	—	37	—	—	—	111	—	—	68	3,924	234
Springwell House	3	208	—	48	—	—	—	256	—	—	148	4,513	1,262
Eyre Crescent	1	23	—	15	—	—	—	38	—	—	69	1,910	441
Sighthill Health Centre	1	36	—	11	—	—	—	47	—	—	62	1,612	60
Paediatric District	1	14	—	63	—	—	—	77	—	—	—	603	—
	45	5,221	2.066	1,865	225	224	5	7,310	2,296	1.302	10,127	234,176	20,846

E.D.—Early Discharges from Hospital

Sighthill Health Centre

5 Registered General Nurses, part-time

Staff Establishment—106

Nursing Staff as at 31st December 1970

1 Superintendent
1 Depute Superintendent
5 Area Nursing Officers
2 Tutors

64½ District Nursing Sisters, full-time
9 District Nursing Sisters, part-time
11 Trained Nurses in Training
3 Midwives
12 State Enrolled Nurses, full-time
4 Nursing Auxiliaries, part-time

HEALTH VISITORS' HOME VISITS, 1970

	First Visits	*Re-Visits*	*Total*
Expectant Mothers	2,896	1,313	4,209
Children Born, 1970	7,157	28,735	35,892
Children Born, 1969	10,981	23,209	34,190
Children Born, 1965–68	19,583	30,184	49,767
School Children	1,704	2,201	3,905
Persons aged 65 and over	4,475	9,712	14,187
Mental Health	477	1,524	2,001
Other Hospital Aftercare	298	212	510
Tuberculosis	1,685	3,024	4,709
Other Infectious Diseases	181	77	258
Home Accidents	58	9	67
Other	496	276	772
	49,991	100,476	150,467

HEALTH VISITORS' ATTENDANCE AT CLINICS, 1970

Local Authority Child Health Clinics	4,205
Hospital Units	1,874
School Health Service Clinics	4,164
G.P. Surgeries	1,583
Chest Clinics	412
Health Talks (Mothercraft, Relaxation and Health Education)	726
Case Conferences	910
Medical Inspections (School) with M.O.	2,452
Medical Inspections (School) without M.O.	4,506
*Other	779

* Other includes: Family Planning, Geriatric, Mental Health, Playcentres.

Number of visits made (on behalf of health visitors)	1,972

NUMBER OF CASES OF INFECTIOUS DISEASES, NOTIFIED DURING 1970 BY SEX AND AGE-GROUP

DISEASE	Sex	Number of Cases coming to the knowledge of the Medical Officer of Health										
		All Ages	Age Groups								Cases removed to Hospital	Cases not removed to Hospital
			Under 1	1–4	5–14	15–24	25–34	35–44	45–64	65 plus		
Measles	M	1,081	62	691	326	2	—	—	—	—	25	1,056
	F	1 110	69	718	316	7	—	—	—	—	25	1 085
Dysentery . .	M	212	10	65	72	11	30	10	10	4	24	188
	F	237	11	59	56	37	27	18	16	13	38	199
Jaundice, Infective	M	277	—	21	111	72	37	20	14	2	81	196
	F	280	—	17	127	52	45	21	9	9	74	206
Tuberculosis, Pulmonary . .	M	127	—	4	3	9	19	15	54	23	69	58
	F	63	1	5	10	9	4	2	23	9	27	36
Scarlet Fever . .	M	27	—	12	14	1	—	—	—	—	3	24
	F	35	—	14	18	3	—	—	—	—	5	30
Food Poisoning . .	M	69	2	9	15	10	14	7	6	6	11	58
	F	80	4	11	12	19	12	6	11	5	11	69
Pneumonia, Acute Primary . .	M	45	1	7	6	1	1	4	14	11	1	44
	F	41	—	4	7	1	4	3	13	9	—	41
Whooping Cough	M	163	33	48	77	2	1	1	1	—	13	150
	F	215	32	91	85	4	3	—	—	—	21	194
Erysipelas . .	M	9	—	—	—	—	—	1	2	6	2	7
	F	22	1	—	1	2	—	2	7	9	7	15
Tuberculosis, Other Forms . .	M	12	—	1	1	—	4	2	1	3	7	5
	F	18	—	—	—	3	2	1	4	8	10	8
Pneumonia, Influenzal . .	M	18	—	1	1	—	—	2	4	10	—	18
	F	16	—	—	—	2	2	—	7	5	—	16
Malaria	M	5	—	—	—	4	1	—	—	—	3	2
	F	3	—	—	—	—	2	1	—	—	3	—
Cerebro-Spinal Fever	M	4	2	1	1	—	—	—	—	—	4	—
	F	1	—	1	—	—	—	—	—	—	1	—
Rubella	M	20	5	11	4	—	—	—	—	—	—	20
	F	17	4	5	6	2	—	—	—	—	—	17
Ophthalmia Neonatorum . .	M	—	—	—	—	—	—	—	—	—	—	—
	F	2	2	—	—	—	—	—	—	—	1	1
Typhoid Fever . .	M	3	—	—	2	1	—	—	—	—	3	—
	F	2	—	—	—	—	—	1	—	1	1	1
Chickenpox . .	M	13	—	3	10	—	—	—	—	—	13	—
	F	20	—	13	4	3	—	—	—	—	20	—
TOTALS	M	2,085	115	874	643	113	107	62	106	65	259	1,826
	F	2,162	124	938	642	144	101	55	90	68	244	1,918
Both Sexes		4,247	239	1,812	1,285	257	208	117	196	133	503	3,744

Tuberculosis Notifications and Deaths, 1970

In Age-Groups and Sex

	NOTIFICATIONS				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory and Late Effects	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female
Under 15 years . .	7	16	2	—	—	—	—	—
15–24 years . .	9	9	—	3	—	—	—	—
25–34 years . .	19	4	4	2	—	—	—	—
35–44 years . .	15	2	2	1	—	1	—	1
45–54 years . .	18	12	1	2	3	—	1	—
55–64 years . .	36	11	—	2	1	1	—	—
65 and over . .	23	9	3	8	6	1	1	2
TOTALS . .	127	63	12	18	10	3	2	3
	190		30		13		5	

Number of Persons in the City at 31st December 1970 who were known to be suffering from Tuberculosis

	Under 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 and over	Totals
Respiratory:								
Males	119	148	192	303	268	285	79	1,394
Females . .	118	139	247	282	140	113	47	1,086
Totals . .	237	287	439	585	408	398	126	2,480
Non-Respiratory:								
Males	9	36	44	38	30	19	16	192
Females . .	10	41	65	57	44	27	44	288
Totals . .	19	77	109	95	74	46	60	480

VACCINATION AND IMMUNISATION

Number and Percentage of Live Births who have completed Primary Doses as at 31st December 1970

Year of Birth	Live Births	Smallpox		Diphtheria		Whooping Cough		Tetanus		Poliomyelitis		Measles	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1963	8,504	5,565	65·4	7,700	90·5	6,963	81·9	7,689	90·4	6,692	78·7	1,886	22·2
1964	8,774	5,880	67·0	7,347	83·7	7,166	81·7	7,354	83·8	6,468	73·7	520	5·9
1965	8,370	5,273	63·0	6,404	76·5	6,321	75·5	6,407	76·5	6,037	72·1	677	8·1
1966	7,819	5,008	64·0	6,268	80·2	6,179	79·0	6,270	80·2	5,725	73·2	873	11·2
1967	7,728	4,474	57·9	6,355	82·2	6,258	81·0	6,355	82·2	5,748	74·4	999	12·9
1968	7,529	2,353	31·3	5,328	70·8	5,307	70·5	5,332	70·8	4,713	62·6	280	3·7
1969	6 897	160	2·3	713	10·3	705	10·2	714	10·4	568	8·2	5	0·1
1970	6,537	207	3·1	520	7·6	497	7·4	521	7·6	425	6·3	9	·2

Analysis of Primary Vaccinations and Immunisations carried out during 1970

	NUMBER COMPLETED FULL COURSE								
	YEAR OF BIRTH								
	1970	1969	1968	1967	1966	1965	1964	1963 or Earlier	Total
Smallpox	207	160	2,136	1,646	356	114	60	595	5,274
Triple Antigen	497	705	2,730	312	81	41	22	34	4,422
Diphtheria and Tetanus ..	23	8	14	21	20	35	107	855	1,083
Diphtheria only	—	—	—	—	—	—	—	70	70
Tetanus only	1	1	2	—	—	1	1	703	709
Poliomyelitis	425	568	3,205	279	86	48	173	759	5,543
Measles	9	5	251	373	187	112	46	58	1,041

Analysis of Re-Vaccinations and Booster Doses carried out during 1970

	NUMBER GIVEN BOOSTER DOSE								
	YEAR OF BIRTH								
	1970	1969	1968	1967	1966	1965	1964	1963 or Earlier	Total
Smallpox	4	9	14	15	27	83	43	4,266	4,461
Triple Antigen	53	334	724	142	44	261	112	118	1,788
Diphtheria and Tetanus ..	2	2	320	40	35	2,954	1,443	322	5,118
Diphtheria only	—	1	6	4	3	45	13	204	276
Tetanus only	—	3	10	28	39	23	34	814	951
Poliomyelitis	1	46	161	61	143	3 673	1,498	1,958	7,541

SECTION X

SANITARY SERVICES

Sanitary Department,
Public Health Chambers,
Johnston Terrace,
Edinburgh,
EH1 2PP

To

The Secretary of State for Scotland and the Lord Provost,
Magistrates and Councillors of the City of Edinburgh.

LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the Sanitary Department of the City of Edinburgh for the year 1970.

The report follows the pattern of previous years, the work of the department being classified under headings appropriate to its varied functions. All relative data is contained in the appendices of the report.

I trust that you will find the report of the work done by the department during the year interesting and informative.

I am, as usual, most grateful for the support and encouragement given to me by the members of the Corporation, particularly the Chairman and Convener of the Health Committees and to my fellow officials for their assistance and co-operation during the year.

Finally I most gratefully acknowledge the excellent work done by all members of my staff during 1970.

I am,

Your obedient servant,

IAN W. WINTOUR, M.R.S.A.(Scot.)

Chief Sanitary Inspector

INTRODUCTION

As in previous years this report reviews the many and varied duties carried out by my department during 1970. There is little to report in the way of spectacular achievement, rather it has been a year of steady progress over the whole field of environmental health with numerous improvements in the basic ingredients of housing, food, clean air and working conditions.

1970 heralded European Conservation Year and the searchlight of publicity has focused largely on what the problems are and their ultimate effects on the future of our environment. A scientific age of achievement has brought with it attendant pollution, not the least of which are noise and disturbance. Complaints of excessive noise are becoming more numerous year by year. Aircraft or the ever-increasing flow of motor transport can soon disrupt the quiet environment one expects to enjoy at home. A single aircraft can spread a noise screen over a relatively wide area and, while it may be only of short duration these short spells are becoming ever more frequent and the noise generated could, such as we might expect from supersonic aircraft, be much in excess of any acceptable level. I am of the opinion that a system of zoning by establishing maximum sound-level limits should be introduced in order to prevent further deterioration of the position in residential areas.

It is gratifying to record that the promotion of clean air by smoke control area orders has been given the signal to proceed. This is one method of conserving and improving our environment which is beneficial to everyone. Clean air has been retarded long enough by the lack of finance and a positive national policy on the supply of suitable smokeless fuels. The advantages of a clean atmosphere will not be fully appreciated until the whole city is controlled and the reek is finally taken out of "Auld Reekie".

Further progress has been made during the year with the slum clearance programme and it is interesting to note, that since the recommencement of the drive against slums in 1953, the Corporation have dealt with 13,901 insanitary houses. During the year under review 1,054 houses were represented to the Housing Committee as failing to meet the tolerable standard and will be either demolished or closed.

Food sampling and hygiene continues to receive careful attention. Many of the samples taken consist of milk or milk products, foods which are of particular nutritional value especially to young people. Improvements continue to be recorded in food premises and mobile shops, details of which can be seen in the section on food hygiene. It is gratifying to note the continued co-operation of most food traders in maintaining and improving food hygiene standards.

GENERAL SANITATION

Nuisances and Structural Defects

During the year the total number of structural defects and nuisances which were dealt with and abated was 4,936. Of that number, 1,933 were notified by citizens, 60 were reported by other Corporation departments and 2,943 discovered by the District Inspectors. These nuisances required the service of 2,607 notices for their removal. Details of nuisances and defects remedied are given in Appendix 1.

An increasing number of complaints of dampness have been received throughout the year which on investigation were found to be the result of condensation. Complaints from this source now considerably outnumber the traditional rising or penetrating damp.

Conditions of condensation have been found in a wide cross-section of properties ranging from a few isolated cases in traditional stone-built tenemental properties, where the bricking-up of existing fireplaces and subsequent lack of permanent ventilation has been largely to blame, to the more numerous and serious complaints involving modern homes where new building materials and techniques would appear to be aggravating the situation and where the condensation is often accompanied by an unsightly mould growth.

Although at times experiencing some difficulty in convincing householders that their particular problem was in fact due to condensation, District Sanitary Inspectors have had a fair measure of success in educating tenants as to the best methods of minimising nuisance.

However, the emergence of complaints of dampness in new housing estates must be viewed with some concern and there may be a pattern of construction which could be linked with the appearance of condensation. Moreover, the standard of tenant in many of the houses affected is very good and genuine attempts in my opinion have been made by them to minimise the problem. Whilst very few houses relatively are affected it would seem a subject worthy of further investigation and research.

Great difficulty is sometimes experienced when dealing with cases which are obviously abnormal and should, in the public interest, be resolved speedily. Frequently, however, they fail to fit into the framework of available legislation and delays result.

One such case required seven months of investigation involving not only our own Department but also the Police, Fire Services, Medical Officer of Health, City Engineer, Burgh and Sheriff Courts. It concerned a man of 78 years, living in deplorable conditions in a second flat tenement house which he also owned. The situation was brought to our notice by the City Police and Fire Services following investigation of smoke issuing from the house windows. Conditions were almost unbelievable. The sink and tub had been removed leaving only drain connections; the water closet was unusable; wood floors of the bedroom and kitchen had been uplifted, presumably burned and the spaces between the joists filled with ash and rubbish and covered with old carpets; the wall plaster had been stripped to a height of six feet, doors, facings, etc., had either been burned or were in disrepair; the fireplace had been removed and bricks, ashes and rubbish spilled out onto where the floorboards should have been. Accumulations and dirt lay everywhere.

Notice was served under the Public Health (Scotland) Act 1897, a procedure which took about two months to complete. Meantime, a petition had been received from worried neighbours. Access to the house was difficult to obtain even with a Warrant of Entry. Eventually the man was arrested and his house found to be in an even worse condition.

At this stage medical advice was being sought. It was felt that Court action for removal of nuisance would serve no useful purpose as no repairs would be done. Medical opinion, however, did not consider at this time that the man's condition was within the scope of mental health legislation.

After further arrests for breach of the peace and threats to set fire to the property to the considerable alarm of neighbours, he was committed to hospital by the Sheriff for a medical report and eventually transferred to an Institution in terms of Section 55 of the Mental Health (Scotland) Act, 1960.

Court orders were then obtained by the Department to have the house cleaned and rubbish removed.

Infectious Diseases

At the request of the Medical Officer of Health, some 2,880 visits were made by Sanitary Inspectors to assist in the investigation and control of certain infectious diseases. In all the households of 1,259 infectious disease cases were visited, the largest proportion being for infectious hepatitis, closely followed by dysentery. Food poisoning, virus meningitis, scarlet fever and five cases of typhoid fever made up the remainder.

The enquiries concerning infectious hepatitis were not confined to any particular area, but were scattered fairly evenly throughout the city and affected 233 families.

Four of the five cases of typhoid fever had a common connection with a river in the city. With the co-operation of the Lothians River Purification Board, a survey of the river was made. Upon completion of the inspection swabs were placed at eight selected points in the river and changed at weekly intervals. In addition, with the assistance of the City Engineer's staff, swabs were positioned in two neighbouring sewers.

During the six weeks of investigation, 97 swabs and two samples of sludge taken from house drainage were examined by the Central Microbiology Laboratories at the Western General Hospital. From the information received the source of the infection was traced and confirmed. A precautionary follow-up check using a further 50 swabs was carried out with negative results.

Hairdressers and Barbers

There are 362 registered hairdressers and barbers in the City, operating from premises which have been approved and registered for the purpose in accordance with the Edinburgh Corporation Order and bye-laws made thereunder.

These premises are inspected at regular intervals with particular reference to cleanliness and suitability of equipment. Improvements continue to be made as a result of these visits.

Co-operation continues with the Medical Officer of Health's staff with a view to encouraging an annual X-ray for all hairdressing personnel.

Carvan Sites

There are seven caravan sites operating within the City in terms of the Caravan Sites and Control of Development Act 1960. Site licences have been issued for six of these, the seventh at Muirhouse being under the control of the Corporation. In addition, the Caravan Club, which is an exempted organisation, has issued certificates for two "night stops" within the City.

During the year regular inspections have been carried out to ensure that the conditions of licence were being observed.

Comment has already been made in a previous annual report on the lack of site accommodation for the number of caravan travellers coming into the City during the summer months. Caravan holidays are becoming more and more popular and it is pleasing to report that several enquiries have been made about the provision of new holiday sites and one formal application submitted.

Discussions were held with the owner of a holiday site, which in the past was frequently found grossly overcrowded, and agreement reached. It is hoped that improved facilities will be available in 1971.

Registered Caravan Sites

Little France Farm	Residential Site for 30 caravans
Little France Farm	Holiday Site
Eastfield, Joppa	Residential Site for 8 caravans
Liberton Gardens	Residential Site for 1 caravan
Niddrie Road	Residential Site for 1 caravan
Straiton Road	Residential Site for 110 caravans
Muirhouse (Edinburgh Corporation)	Holiday Site

Offensive Trades

The gradual decline in the number of offensive trades registered within the City continues and no doubt the advent of man-made fibres and the plastics industry have been partly responsible for this happening.

During the last twenty years the number has fallen from 24 premises in 1950 to 11 premises in 1970 and now comprises 5 hide factors, 2 fellmongers, 1 tanner, 1 gut scraper, 1 blood and bone boiler, and 1 tripe dresser. All but three of the offensive trades are now situated within the Gorgie Markets.

During the year the Department received no serious complaints from the public involving any of the registered offensive trades and routine inspections showed that the provisions of the Bye-laws, were, in the main, being observed.

Common Lodging Houses and Houses Let-in-Lodgings

Details of Lodging Houses and other houses controlled by the Bye-laws are given in Appendix 4 and regular inspections of these premises were carried out during the year.

Unlike 1969, when there were closures of two lodging houses because of economic difficulties no further closures have taken place this year. Intimation, however, was received from the Managers of the Association for the Victoria Hostel for Women, 3 Merchant Street, expressing concern at the expense of maintaining the property and also of finding suitable staff to run the hostel. It was pointed out to the Association that there are only two women's hostels serving the City and, since both operated to near capacity, the closure of one would create a problem of accommodation for these old ladies who probably have no other place to go.

Swimming Baths

This year saw the beginning of a new era of swimming within the City of Edinburgh with the opening in February of the Royal Commonwealth Pool, offering to swimmers in the Edinburgh area, for the first time, a pool built to Olympic standards.

The prominence given to swimming throughout the year, resulting from the opening of the pool and its subsequent use in the Commonwealth Games was matched in the Department by increased swimming pool inspection and the fulfilment of the intention declared in last year's annual report to reduce the time interval between visits to pools.

The following table indicates the number of samples taken and represents between 2–3 visits per pool this year compared with a total of 276 samples and a cycle of approximately one visit every eight months in 1969.

Chemical Analysis		Bacteriological Examination including 85 Surface Water Skims	Total No. of Samples
To determine Residual Chlorine	P.H. Value		
186	93	257	536

This doubling of the number of samples taken was achieved with the close co-operation of the City Analyst and staff of the Western General Microbiology Laboratory Service.

The results of the samples continued to be reasonably satisfactory and where unsatisfactory results were found, as in the case of samples from recently installed training pools, in five city schools, where an incomplete understanding of operating procedures was probably to blame, the necessary adjustments were quickly implemented.

Water Sampling

During the year 261 samples of drinking water were submitted for bacteriological examination. As in previous years the bacterial quality was satisfactory. In some instances, however, cleaning of the domestic water cistern was required.

Chemical samples taken during the year were satisfactory.

Launderettes and Drycleaners

The decision by the Secretary of State that the conversion of an existing shop into a launderette and/or drycleaner does not constitute a change of use within the meaning of Schedules to the Town and Country Planning (Use Classes) Order 1950 must be considered unfortunate as it removes our best means of control of these installations and leaves pre-consultation regarding machines and lay-out at the discretion of the architect or intending operator.

It is true that this co-operation is in most cases readily given, but it is an unsatisfactory position and the Town Clerk has made representations to the appropriate Government Department to have the Order amended by the issue of new Regulations. This suggestion has been welcomed in principle but the necessary legislation has not yet been produced.

"Arklon II", another odourless fluorocarbon solvent with low toxicity is now available and is in use in several new drycleaning establishments. In one of these a peculiar smell reminiscent of hot engine oil pervaded the shop and the adjoining houses. After a great deal of investigation it was discovered that the flow rate of the solvent over the heating element in the machine was too slow, resulting in the "Arklon" being over-heated to decomposition with the production of fluorides and chlorides, fortunately at low concentrations.

Engineers from the factory in Germany where the machines are made had to be flown over to make the necessary adjustments to restore them to normal, odourless operation.

One "Perklone" installation which continues to give occasional trouble from fumes in spite of the addition of an activated carbon filter to the exhaust system underlines the dangers of siting this type of business, as in this case, near a street junction where the air movement at the rear of the buildings is often sluggish and conducive to a build-up in vapour concentration.

HOUSING

Clearance Areas

Further progress has been made during the year with the completion of the 1968–70 slum clearance programme.

Since 1923 Edinburgh has dealt with 11,423 unfit houses by means of clearance areas, that is, by the demolition of all the buildings in the area.

Confirmation of the following Clearance Areas have been received:

Tennant Street, etc., Leith
Primrose Street, etc., Leith
Ferrier Street, etc., Leith
Horse Wynd
Hill Place
Parkside Street, etc.
Pleasance, etc.
Forbes Street, etc.

and rehousing started in the Tennant Street, Primrose Street, Ferrier Street and Horse Wynd Areas.

Confirmation of the West Port Clearance Area which will be the last dealt with under this procedure, is expected at an early date.

Rehousing has been completed in the Bristo Street, etc., Clearance Area and the properties are in the course of demolition. The Resolution for this area was passed by the Corporation in November 1966, but due to objections and resultant public enquiries, confirmation was not received until October 1968.

Housing Treatment Areas

Under the Act of 1969, the law relating to Clearance Areas has been repealed and substituted by what are known as Housing Treatment Areas. Under the new procedure an area may now be dealt with in one or other of the following ways:

(a) by securing the demolition of all the buildings in the area, or,

(b) by carrying out improvement of the houses in the area so that, on completion of the works, all the houses in the area will meet or will have been brought up to at least the tolerable standard, or,

(c) by securing the demolition of some of the buildings in the area and by improving the remainder of the houses up to at least the tolerable standard.

During the year the Housing Committee approved that the policy of dealing with houses which failed to meet the tolerable standard would be by demolition in terms of housing treatment area procedure or by individual closing or demolition orders in accordance with Section 15 of the Act of 1966, at a rate of 1,500 houses per year. The 1971–73 slum clearance programme has been prepared with this object in view.

Representations have been made to the Housing Committee in respect of the following housing treatment areas to secure the demolition of all the buildings in these areas:

1. Gorgie Cottages, etc., containing 49 houses with a population of 97 persons.
2. St. David's Terrace, etc., containing 89 houses with a population of 204 persons.
3. Brandfield Street containing 100 houses with a population of 209 persons.

4. Bowling Green Street, etc., containing 350 houses with a population of 735 persons.
5. West Nicolson Street containing 49 houses with a population of 89 persons.
6. West Crosscauseway, etc., containing 63 houses with a population of 114 persons.

At the same time as the aforementioned houses were declared housing treatment areas, control orders were made prohibiting the occupation of houses in these areas without the consent of the Corporation.

Objections have been lodged in respect of the Gorgie Cottages, etc., and St. David's Terrace, etc., Housing Treatment Areas and, if not withdrawn, public enquiries may require to be held.

Housing (Scotland) Acts, 1919-1930

Scheme	*No. of houses dealt with*	*Population*
Clearance Areas (1923–38)	5,344	17,083

Housing (Scotland) Acts, 1950-1969

Clearance Areas (1950–66)	3,793	8,753
Cannon Street (Leith), etc., 1967	163	263
East and West Adam Street, etc., 1968	276	594
Dalry Road, etc., 1968	79	93
Canon Street (Edin.), etc., 1968	53	72
Hill Place, 1970	60	95
10 and 12 Horse Wynd, 1970	4	10
Tennant Street, etc., 1970	214	559
Parkside Street, etc., 1970	19	40
Primrose Street, etc., 1970	171	303
Ferrier Street, etc., 1970	661	1,517
Pleasance, etc., 1970	34	78
Forbes Street, etc., 1970	310	663
Totals	5,837	13,040
Grand Totals since 1923	11,181	20,123

Individual Unfit Houses

A total of 443 houses were dealt with in terms of Section 15 of the Housing (Scotland) Act 1966 by the making of either Closing or Demolition Orders.

In addition, the owners of 32 houses gave Voluntary Undertakings that these houses would not be re-let for human habitation in the event of the occupants obtaining alternative accommodation. Twenty-seven of these houses were included in Clearance Areas or Housing Treatment Areas.

The following table shows the number of individual unfit houses dealt with since 1923:

Housing (Scotland) Acts, 1919-1969

		No. of houses	Population
Housing (Scotland) Acts 1919–30		2,325	7,417
Housing (Scotland) Acts 1950–69		4,052	8,656
	Total	6,377	16,073
Voluntary undertakings from owners		614	1,730
	Totals	6,991	17,803

Town and Country Planning (Scotland) Acts, 1947-1959 and the Housing (Declaration of Unfitness) (Scotland) Regulations 1948 and 1960

Scheme	*No. of houses dealt with*	*Population*
Comprehensive Development Areas (1955–66)	2,735	6,041

Overcrowding

Certificates relative to overcrowding in dwellinghouses were submitted to the House-letting Department on behalf of 589 applicants for Corporation houses and the Department rehoused 366 families from overcrowded houses or overcrowded sub-let rooms.

Rehousing Visits

During the year the houses and household effects of 10,100 prospective Corporation tenants were examined by the District Inspectors.

Qualification Certificates

Part IV of the Housing (Scotland) Act 1969 deals with the rents of dwellings in good repair and provided with the standard amenities. In such cases the owner of a tenancy, which is at present subject to rent control, can apply for its conversion to a regulated tenancy and determination of a fair rent in terms of the Rent Act 1965. Applications are made to the local authority who will issue a certificate if satisfied that the dwelling is provided with all the standard amenities, i.e. bath or shower, wash basin, sink, hot water and exclusive use of a water closet, and is in good repair having regard to its age, character and locality and meets the tolerable standard.

During the year under review, 2,702 applications for qualification certificates were received from landlords. Of these, 2,645 have been visited and 57 have yet to be inspected. A total of 664 certificates have been granted, 65 refused and 46 applications subsequently withdrawn. The remaining 1,870 houses were found on inspection to have items of disrepair, lacked some standard amenity and/or failed to meet the tolerable standard. The landlords concerned have been notified of these shortcomings and when the necessary remedial works have been carried out the houses will be re-inspected and qualification certificates granted if conditions are found satisfactory.

Housing (Repairs and Rents) (Scotland) Act, 1954 and Rent Act, 1957

No applications were received during the year for certificates of disrepair or revocation certificates under the above-mentioned Acts. The return of certificates granted or revoked to the end of the year under review is shown in Appendix 14.

NOISE ABATEMENT

The complaints of noise nuisance from various sources may be summarised as follows:

	Industrial	*Domestic*	*Traffic*	*Entertainment*
Complaints received	115	92	10	16
Visits made	317	173	24	29
Nuisance abated	35	29	2	3
Improvement obtained	22	21	1	2
*No statutory action possible ..	2	15	5	4

* These are cases in which the noise complained of is not considered to be a nuisance under the Act because: *(a)* its sound pressure level is lower than that given as acceptable in any of the criteria; *(b)* its occurrence is too infrequent; *(c)* the best practicable means are already being taken to reduce the noise; *(d)* no practicable means of abatement exists, e.g. many traffic complaints.

Most of the complaints of noise from industrial sources are caused by fans and compressors and the total unawareness of many architects and engineers of the noise potential of these installations continues to give concern. Noise spectra are available from the fan manufacturers in nearly all cases and the acceptability criterion for any given situation can be obtained from my Department or from International Standards Organisation literature. In spite of these facilities and the many forms of sound attenuator available, installations incorporating some form of noise reduction from the outset are the exception, and in most cases expensive alterations are required to achieve an acceptable noise level.

Until fairly recently the raising of one's voice in song in a public-house in Edinburgh, except perhaps on Welsh international night, invariably resulted in a stern warning from the Licensee and the ejection of incorrigible offenders.

Now, however, some publicans vie with one another in the number and variety of vocal groups, amplifiers and juke boxes which can be accommodated in their premises, and where these are situated below dwellinghouses, the evenings are made miserable for the occupiers by the intrusive noise from the licensed premises.

Except in the more blatant cases, the Noise Abatement Act is of dubious value in such a situation, and I think the time has come for a reconsideration of the necessity for these forms of entertainment in public-houses, especially where these are under or near dwellinghouses.

Quite apart from the noise aspect, guitar groups and juke boxes are attractive mainly to the younger age groups and must play a part in the spread of under-age drinking in the City.

The absence of any means of securing the immediate cessation of any serious noise nuisance at night from building sites or factories until all practicable means of reducing it have been taken continues to be a serious flaw in the Act, and the derisory penalties to which offenders are liable make persuasion and co-operation the more attractive course in dealing with these complaints rather than Court action.

RODENT AND INSECT CONTROL

Rats and Mice

The Pest Control Section continues to operate satisfactorily within the limits of the advisory service provided. During the year, 1,740 complaints of rats and mice infestations were received requiring investigation and advice on suitable means of eradication and control. Difficulties are still experienced in maintaining effective baiting programmes in certain infested areas. For example, in the case of water-courses where responsibility rests upon the riparian owners, it is virtually impossible to establish the extent of ownership and regulate an effective system of baiting by advisory methods. Water-courses, near dwellings, can be a primary source of rodent infestation, and bearing in mind that the period of gestation in the female rat is only about 21 days, regular inspection and baiting of these areas should be carried out and permanent baiting points established. Unoccupied land, which is so attractive to the rubbish dumper, closed and vacant properties all come into the same category and require regular attention and treatment where necessary. To carry out this work efficiently, a more positive service would be required and additional staff, particularly rodent operators, employed.

It must be recorded that complaints are sometimes exaggerated. A large housing complex was reported to be "plagued with mice", but on carrying out a detailed survey, including interviews with occupiers, only one case was discovered which could remotely be described as an infestation. Mice are frequently mistaken for rats and it is not uncommon for a cat or even a bird to be labelled as vermin. From a staff point of view, however, every complaint must be investigated and whilst some may prove unfounded it is better to report suspicious circumstances than allow a possible infestation to develop undisturbed. It is perhaps interesting to record that over the last two or three years, the ratio of mice complaints to rat complaints in the domestic field has been fairly evenly divided.

During the current development at Wester Hailes, 1,800 yards of the Union and Monkton Canal were culverted. In order to prevent the shift of the rat population to other areas, baiting was carried out in advance of the work. Some 300 rats were killed during the operation and since completion no complaints of rat infestations have been received from adjoining areas. A similar operation was carried out in two small holdings prior to demolition with the destruction of a further 400 rats. Both operations were supervised by members of the Pest Control Staff.

At the appropriate time of the year the attention of farmers was drawn to the terms of the Prevention of Damage by Pests (Threshing and Dismantling of Stacks) Order 1950 and all agricultural holdings, piggeries, etc., were visited during the year and inspected.

The co-operation received from the City Engineer's Staff was of considerable value in having drains tested and repairs carried out where necessary. Similarly, the assistance of the Department of Agriculture and Fisheries in vermin control and the Royal Scottish Museum for the classification of insect pests is acknowledged.

Details of premises, complaints and other matters dealt with are shown in Appendix 8.

Insect Infestation

The number of apartments treated for insect infestation during the year showed a decrease to a total of 611 compared with 714 in the previous year and 685 in 1968.

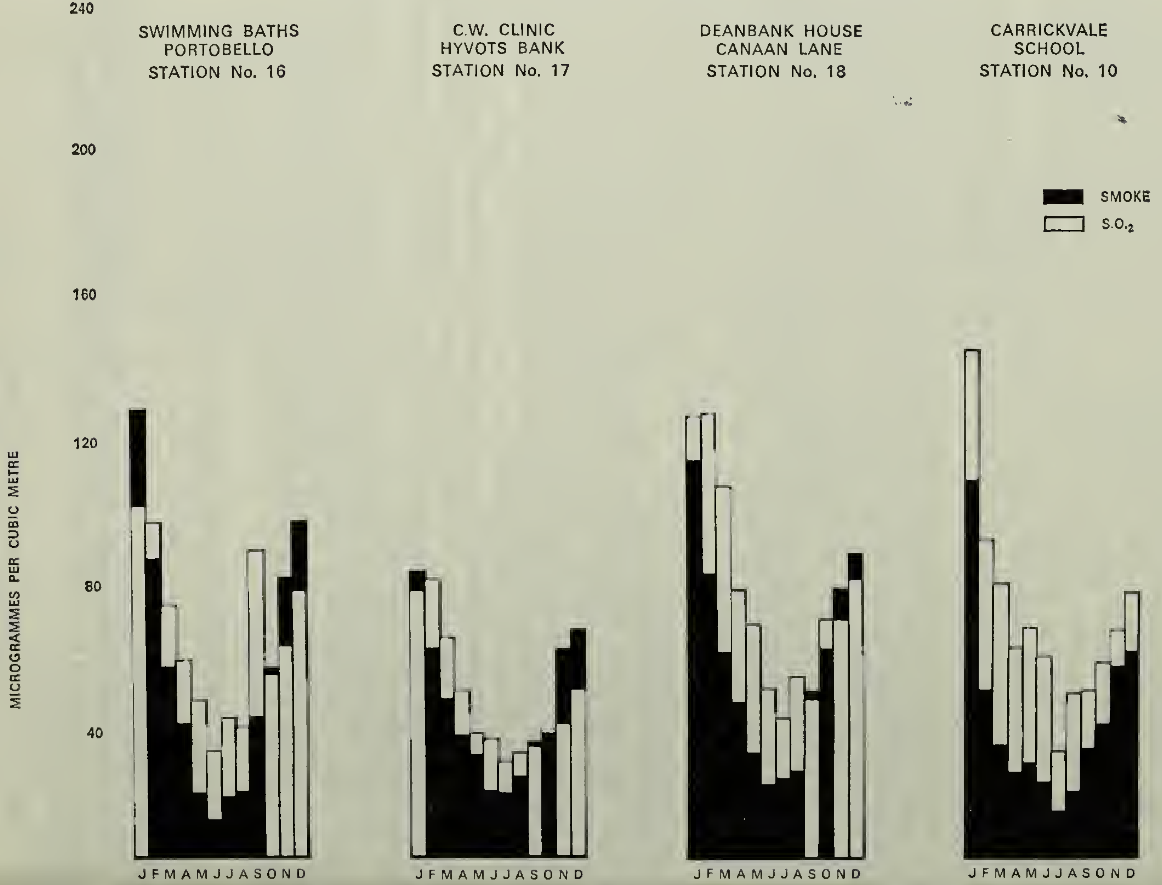
Again no anti-fly campaign was carried out.

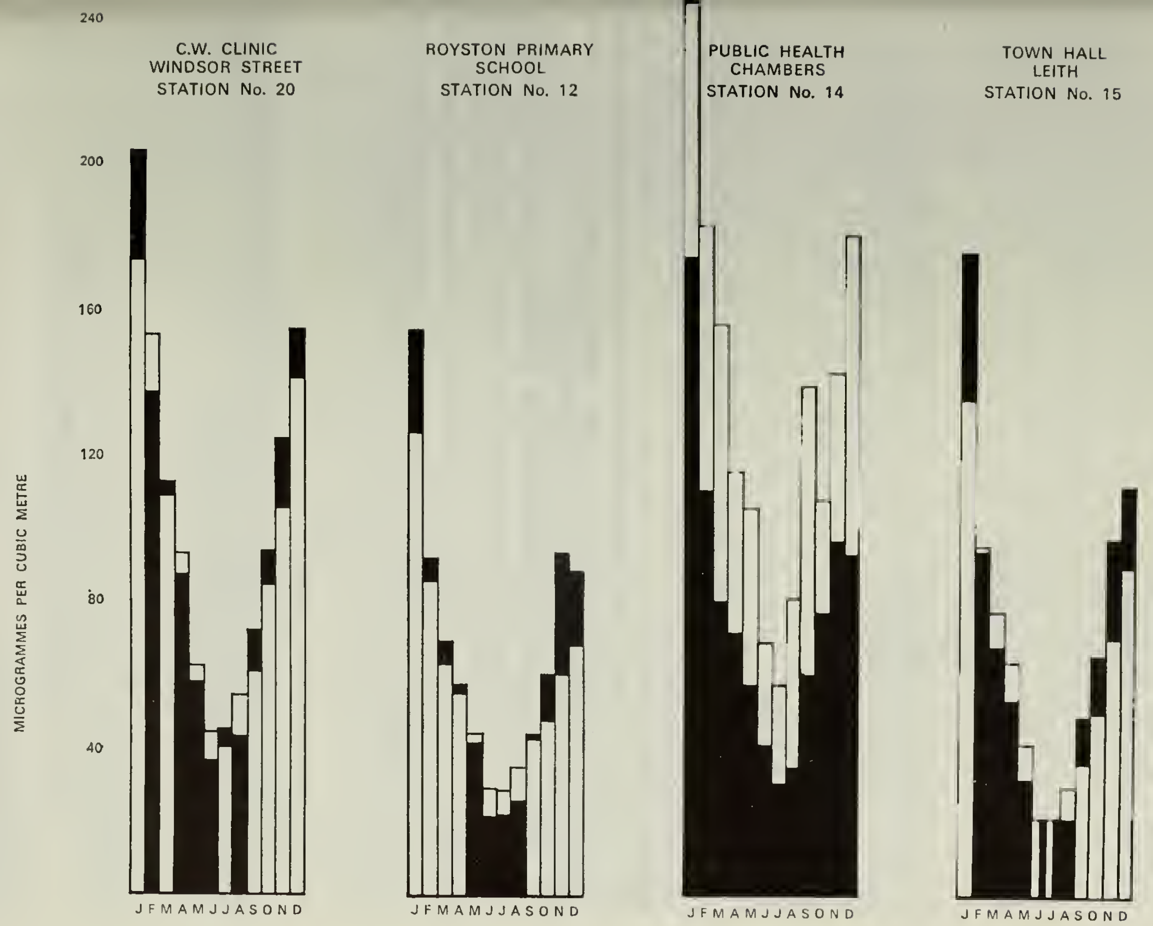
ATMOSPHERIC POLLUTION

Industrial Smoke

During the year 129 visits were made to boiler-houses and the number of applications for prior approval of new boiler installations was 34, one of which was refused.

AVERAGE MONTHLY FIGURES FOR SMOKE AND S.O.$_2$ FOR 1970




C.W. CLINIC
WINDSOR STREET
STATION No. 20
ROYSTON PRIMARY
SCHOOL
STATION No. 12
PUBLIC HEALTH
CHAMBERS
STATION No. 14
TOWN HALL
LEITH
STATION No. 15
240
200
160
120
80
40
MICROGRAMMES PER CUBIC METRE
J F M A M J J A S O N D
J F M A M J J A S O N D
J F M A M J J A S O N D
J F M A M J J A S O N D

New Oil-fired Installations

Hospitals	1
Industrial	10
Offices	5
Others	10
Total	26

New Gas-fired Installations

Shops	3
Offices	2
Others	2
Total	7

Domestic Smoke

The necessary survey and preparation work for the making of three new Smoke Control Orders was undertaken during this year in the Pilton, Murrayfield/Cramond and Colinton wards and it is hoped that these new Smoke Control Areas will be in operation by 1972. The resumption of the Smoke Control programme as evidenced by these and the two new areas coming into operation in April 1971 is very welcome after the many delays and disappointments to which it has been subjected.

Not the least of the achievements of the widespread publicity regarding pollution during European Conservation Year has been the improvement in public attitudes towards this type of legislation and the general realisation that protection of the air we breathe is essential to a healthy urban environment.

Patrols were made in existing Smoke Control Areas for the burning and selling of bituminous fuels and warnings issued where necessary.

Air Pollution Measurement

Volumetric Meters—The nine smoke-measuring stations required 2,532 visits in the course of the year and the data obtained from eight of them is shown in the graph on pages 116 and 117.

OFFICES, SHOPS AND FACTORIES

Factories Act 1961

The tabulated statement showing the prescribed particulars on the administration of the Factories Act as required by Section 153(1) is shown at Appendix 5.

A statement of inspections made and defects remedied is shown at Appendix 6.

Shops Act 1950

In 1969 a few shopkeepers in the vicinity of Edinburgh Castle fell foul of the law by keeping their shops open after 8 p.m. when many thousands of Military Tattoo spectators were passing their doors until a late hour.

This difficulty was avoided during the year under review when the Corporation granted a request made by a majority of the shopkeepers concerned to be allowed an extension of trading hours as permitted in holiday resorts by Section 41 of the Act. The Order, the first of its kind to be made in Edinburgh, authorised shopkeepers to keep their premises open until 11 p.m. nightly. Assistants, however, were to be employed to work extra hours on not more than three evenings in a week and for not more than nine extra hours a week.

Although the Order was operative during July, August and September, it was found that little or no advantage of it was taken except during the three weeks of the Military Tattoo and that trade in the late evenings at other times did not justify the shops being kept open. This may be a pointer to what would happen if the Shops Act were amended or repealed and trading restrictions removed as was proposed in a Private Members' Bill "talked out" of the House of Commons at the end of 1970. One would, however, feel happier about the removal of restrictions if the welfare of employees could be guaranteed either by legislation or trade union agreements.

Offices, Shops and Railway Premises Act 1963

The plan of continuously inspecting office and shop premises street by street throughout the City was continued during the year, with satisfactory results and details of the 4,685 General Inspections and other visits made are shown in Appendix 7 together with the prescribed statistics.

An inspection cycle of approximately three years has become established, with additional inspections being made to newly opened premises and to places where changes in occupation have occurred. Other visits are made as necessary in response to complaints received (which have been very few and usually concerning lack of sufficient heating in shops during very cold weather) and to investigate accidents reported.

With regard to accidents, it is gratifying that for the fifth successive year, no fatal accident has occurred in premises where the Act is enforced by this Department. A total of 141 accidents were notified, continuing the curiously static incidence of accidents, notifications over the past five years having averaged 142 per year.

Falls were again the most common type of accident, some 60 persons suffering injuries varying from sprained ankle to broken arms and legs, and again it was noted that women are so much more liable to this form of accident, no fewer than 40 of the 60 casualties being of the fair sex.

1970 saw the first full years' working of the Hoists and Lifts Regulations 1968, which lay a general responsibility on the owners or occupiers of premises to which the Act applies to ensure that all lifts in use are maintained in a safe and efficient condition.

The Regulations are unusual in that enforcing authorities are dependent to a large extent on inspectors not employed by them, who carry out the six-monthly or twelve-monthly inspections of lifts required by the Regulations. In practice, these inspectors are usually engineers on the staffs of insurance companies. Copies of reports made by these inspectors are sent to the enforcing authority concerned, when defects likely to affect the safe working of lifts have been found. It is then for the enforcing authority to ensure the necessary repairs are carried out within a stipulated period, an offence being committed if lifts are used unrepaired beyond that time.

Some repairs called for involve parts of the lift mechanism which local authority inspectors cannot and should not attempt to inspect, and to this extent the Regulations are not entirely a satisfactory piece of legislation. However, there can be no doubt that increased safety and reduced risk of accident must be resulting from these new Regulations.

Of the Act generally, it can be said that it has been and continues to be effective in ensuring reasonably satisfactory working conditions in offices and shops. During the year, as the result of Notices issued in the past, some 2,927 improvements were recorded, and while contraventions continue to be found, the general state of compliance with the Act is satisfactory.

Details of the improvements effected are shown below:

	Contraventions Remedied
Cleanliness	53
Overcrowding	8
Heating, lighting and ventilation	640
Sanitary conveniences	448
Washing facilities (provision of hot water)	235
Drinking water	2
Accommodation for clothing	3
Sitting facilities	16
Facilities for meals	9
Safety of floors and stairs	328
First-aid equipment	484
Display of Abstract of the Act	701
	2,927

PORT SANITARY INSPECTION

Shipping Arrivals

During the year arrivals at Leith Docks and Granton Harbour numbered 1,724 vessels with a total tonnage of 1,437,534 tons.

Fishing vessels numbered 353 with a total net tonnage of 29,031 tons.

Vessels	Number	Tonnage	No. of Crew	Passengers	
				Inwards	Outwards
Foreign . .	1,034	954,580	19,228	7,145	6,082
Coastwise . .	690	482,954	8,865		
Fishing:					
British . .	348	26,460	3,770		
Foreign . .	5	2,571	250		
Totals . .	2,077	1,466,565	32,113	7,145	6,082

Sanitation

Under the Public Health (Scotland) Act 1897, it is the duty of the local authority to cause an inspection to be made for the removal of nuisances and to secure proper sanitary conditions aboard ships lying within their district.

Routine inspection of crews' spaces have been carried out. Nuisances, together with structural defects caused by wear and tear and other matters considered prejudicial to health have been dealt with.

In carrying out inspections consideration has been given to the Merchant Shipping (Crew Accommodation) Regulations. The regulations have proved helpful in assisting the co-operation between the Ministry of Transport Surveyors and the Port Sanitary Inspector in assessment of the general standard desirable in ship accommodation.

The cleanliness of toilet facilities, transit sheds, warehouses and quaysides is an important part of dock sanitation. The Port Authority continues to maintain a very high standard of cleanliness, the roads, shed and sanitary conveniences being regularly attended to throughout the year.

Rodent Control

During the year 98 International deratting exemption certificates were issued. In six cases it was necessary to request steps to be taken for the destruction of rats aboard ship.

Inspections, however, continue to show that rat-proofing measures incorporated in the construction of new vessels reduce rat harbourage to a minimum. In older vessels rat-proofing is proceeding with successive surveys.

The Port Authority continues its campaign to control the rat and mouse population in the dock area by maintaining a systematic baiting programme. The total number of rats killed on board ships, quays, wharfs and in sheds during the year totalled 744 and 369 mice were also exterminated.

Details are shown in Appendix 12.

Water Supply

The drinking water supplied to ships is delivered by hydrants situated at the dockside. These hydrants were regularly inspected. Lack of drainage and other defects were promptly dealt with by the Port Authority. Routine samples of drinking water were taken from ships.

Clean Air

The appreciable reduction in the numbers of warnings that were necessary indicate greater awareness of the need to prevent smoke nuisances. This is also reflected in the prompt and effective response that follows verbal warnings.

When black smoke has been observed enquiries have revealed that the cause is mainly due to mechanical breakdown, dirty burners, fan adjustment or inattention by a member of the engine-room staff.

Factories

Inspection of the sanitary accommodation in factories was carried out and in general they were found to be maintained in a good state of repair and cleanliness.

Minor irregularities were brought to the notice of the management and were given the required attention.

Acknowledgements

In the execution of the duties of the Port Sanitary Department much valuable assistance has been received from H.M. Collector of Customs, the Forth Ports Authority, the Ministry of Transport Surveyors and the various shipping companies and agents to whom this opportunity is taken of expressing my thanks for their co-operation.

PROSECUTIONS

It was found necessary to institute legal proceedings in 33 cases in connection with the administration of the Acts, Orders, Regulations and Bye-laws. The total fines imposed amounted to £180. Details of prosecutions are given in Appendix 13.

FOOD HYGIENE

Commonwealth Games

The most important event which took place in the City during the year under review was the Commonwealth Games. For about two years prior to the gathering, discussion had been taking place by the appropriate Games Committee on the hygiene of the production and serving of meals to cater for both athletes and spectators and the test came when theory was put into practice.

The Games kitchen, built specifically for the purpose, was the focal point in the food sphere. Minor teething troubles occurred but the excellent quality of the catering staff ensured that only one complaint was received—too much food of undreamed quality and variety!

The Department had the assistance of three senior N.C.O.s from the Royal Army Medical Corps. They received an initial briefing of their duties which covered all aspects of food and general hygiene at every venue in the City. They reported daily to the Department and were soon on very co-operative terms with the various caterers and their services were greatly appreciated.

Consumer Group

The local Consumer Group have an interest in all matters affecting the public and from time to time questions affecting food are raised. The latest (at time of writing) issue of their publication *Counter Points* contains comments on hygiene in shops and the Department's answers to numerous questions submitted by the Editor regarding food hygiene. They also published the results of a survey which the Group themselves carried out in connection with the provision of toilet accommodation in restaurants. Their observations were enlightening and the magazine is worthy of wider circulation.

Complaints

The usual assortment of complaints was made by members of the public. Foreign bodies in foodstuffs accounted for most of them, there being 133 in all and successful prosecutions were instituted in seven instances.

One complaint concerned members of a private sports club (licensed), some of whom were becoming sick after partaking of drinks. It was thought that orange crush and lime cordial were responsible and the club secretary brought the suspected bottles to the Department and made a complaint. The bottles were stoppered with pourers incorporating chromium-plated tubes, which were provided by a whisky firm for advertisement purposes. The bottles were submitted to the public analyst who reported that the liquids contained up to 220 p.p.m. of copper and that they were unfit for human consumption. The whisky firm was contacted and they eventually agreed to change their type of pourer to one of acrylin plastic. The help of the licensing trade was then sought and their weekly journal carried a prominent article warning of the dangers of transferring pourers meant for spirits to fruit juice bottles where the acidity of the contents attacked and destroyed the chrome plating of the tubes. The exposed copper is thus dissolved into the juice in the form of salts.

Another complaint received referred to the purchase of a currant loaf at Christmas time and the purchaser was of the opinion that it did not constitute the type of product traditionally sold at that time of year. The loaf had the typical thin hard crust of currant loaf but the amount of fruit it contained fell far short of that normally expected and was more in the nature of a fruit loaf. There is, however, no standard, statutory or recommended, for the composition of "currant loaf" and no official action could be taken. The attention of the Master Bakers' Association was drawn to the complaint and a request made to give some consideration to the matter.

FOOD HYGIENE (SCOTLAND) REGULATIONS 1959-66

Inspections	8,701
Contraventions	1,712
Intimations	492
Improvements:	
Personal Hygiene	37
Wash-hand Basins	227
Sinks	183
Temperature Control of Food	91
Cleanliness of Equipment, etc.	195
Structural Improvements	801
Vehicles	1
Sanitary Conveniences	198
Total	1,733

FOOD AND DRUGS

During the year 1,633 samples of food and drugs were procured for analysis as to their nature, substance and quality or to ascertain the correctness of the claims on the labels. Of these, 234 were statutory samples, which represented 30 different articles of food and drugs. Mr Peter J. G. Holliday, Public Analyst, reported 11 or 4·70 per cent as failing to comply with the legal requirements.

New Legislation

New legislation which became operative during 1970 included:

The Artificial Sweetener in Food (Scotland) Regulations 1969,
The Labelling of Food (Scotland) Regulations 1970,
The Cream (Scotland) Regulations 1970.
The Cheese (Scotland) Regulations 1970.
The Emulsifiers and Stabilisers in Food (Scotland) Amendment Regulations 1970.

Milk

The number of statutory samples of milk examined was 72, all with one exception were reported to conform with the requirements of the Sale of Milk Regulations 1901. The average fat and non-fatty solids content of the samples was 3·8 per cent and 8·7 per cent respectively, which is much in excess of the presumptive standard of 3 per cent and 8·5 per cent.

Channel Islands Milk

The Milk and Dairies (Channel Islands and South Devon Milk) (Scotland) Regulations 1967, prescribe a minimum standard of 4 per cent by weight for the milk fat content of milk sold under the description of "Jersey". Fifty-seven samples of Jersey "Premium" Milk were submitted for chemical analysis. The Public Analyst reported that all the samples contained at least 4 per cent milk fat. The average fat content of the samples was 4·90 per cent.

School Milk

The milk supplied to the City schools under the Milk-in-Schools scheme is of the "Pasteurised" grade. Of 70 samples taken, the average milk-fat was 3·79 per cent.

Ice Cream

The number of premises registered under the Ice Cream (Scotland) Regulations 1948 at 31st December 1970 for the manufacture, storage and sale of ice cream was 192, twenty-one more than last year and the number of vehicles registered for the sale of the commodity was 127, an addition of twenty-two.

There were 40 samples of ice cream taken from manufacturers and vendors in the City and submitted to the Public Analyst for chemical examination. One sample was found not to comply with the requirements of the Food Standards (Ice Cream) (Scotland) Regulations 1959. Legal proceedings were taken against the manufacturer for selling ice cream deficient in fat content. The accused pleaded guilty and a fine of £10 was imposed.

In addition, 181 samples were sent for bacteriological examination. Of these 103 were considered satisfactory and the remainder unsatisfactory, 21 because they had a plate count of more than 50,000 bacteria per gram, 22 because of coliform organisms present in one-hundredth of a gram and 35 because of a high plate count with coliform organisms present.

Milk Supervision

The number of premises registered for the sale of milk under the Milk and Dairies (Scotland) Act 1914 was 891 at 31st December 1970. In addition, 16 milk-vending machines were registered. The occupiers of the premises hold licences under the Milk (Special Designations) (Scotland) Order 1965 for the sale of the various grades of milk, *viz.* "Premium", "Standard", "Pasteurised", "Sterilised" and "Ultra Heat Treated".

Bacteriological Examination.—During the year 448 samples of the various grades of milk were submitted for examination to the Central Microbiology Laboratories of the Western General Hospital to determine the cleanliness of the milk, and, where the samples were heat-treated milk, tests were applied to determine the efficiency of the heat-treatment. The results of the various tests are to be found in Appendices 9 and 10.

Processing Plants.—Five firms hold licences to pasteurise milk. The efficiency of these plants in heat-treating milk is shown in the very satisfactory results obtained on samples of processed milk. Every sample of pasteurised milk, except one, passed the phosphatase test and every sample of sterilised milk passed the turbidity test. The dairy equipment and ancillary items were found on regular inspection to be kept in excellent condition and the methods used to clean and sterilise the plants satisfactory.

One creamery during the year installed a 1,500-gallon stainless steel insulated storage tank for "homogenised" milk. "In place" cleaning equipment was introduced into the tank. Another firm provided a new cold store specifically for "Premium" milk and added an additional vehicle to their refrigerated transport for milk and cream. They also installed a shrink wrapping machine for "Pasteurised" milk which overlaps the pack of milk cartons with polythene film. This new technique protects the cartons from contamination and does away with the returnable plastic cases. These two firms each installed the very latest Pergall automatic filling machine for "bag-in-a-box" milk. This new filling unit is simpler in construction compared with previous models and also more easily cleaned.

"Premium" Milk.—The "Premium" milk sold in Edinburgh comes mainly from farms outside the City boundary. A note of the unsatisfactory results was, in each case, sent to the Sanitary Inspector for the area where the milk was produced and bottled and to the manager of the creamery distributing the milk in Edinburgh. That 35 per cent of the samples examined should fail one or other of the statutory tests is, to say the least, very disturbing, but it should be noted that, during the year, three of the worst suppliers were stopped by the distributor of the milk.

Cream.—Despite appeals in the past the Government has not so far found it possible to lay down statutory tests and standards for the hygienic quality of fresh cream.

Of 53 samples of various descriptions of cream which were taken at shops and wholesalers' premises, 37 had a standard of bacterial cleanliness that could be considered satisfactory as judged by the plate count and coliform tests.

The very high bacterial count with coliform organisms present in 16 of the samples of cream again emphasises the need for a statutory hygienic quality standard.

Complaints.—During the year, 18 complaints of foreign material in the milk and of dirty milk bottles were received from the public. These were carefully investigated and in each case the necessary steps were taken to prevent a recurrence of the complaint. Legal action was taken against two of the offenders who pleaded guilty and a fine of £10 was imposed on one firm, the other was admonished.

Ice Cream

The unsatisfactory results obtained by the sampling of ice cream may appear to be on the high side statistically, but the commodity by its very nature of being frozen does not, in many ways, lend itself as a source of food poisoning. There are no statutory bacteriological standards in force.

When ice cream is sold loose by the retailer the fault for poor results may lie with himself or the manufacturer. Quite often the retailer has his own manufacturing plant, in which case the responsibility is wholly his. It is an extremely difficult matter to pinpoint the causes of sample failures but they are usually due to the inability to sterilise equipment properly, and the latter includes the serving dispenser, the cleanliness of which is often overlooked.

The results of a series of samples from one small manufacturer were unsatisfactory despite the advice given after several plant inspections. The willing and valued help of the East of Scotland College of Agriculture was sought and much time was spent by them before acceptable results were achieved. Investigation of such cases can be a time-consuming effort bearing in mind that the responsibility for tracing faults in manufacturing processes does not lie with the local authority.

Preservatives in Food

Forty-one samples of mince were purchased from various butchers' shops and seven were reported to contain preservative contrary to the Preservatives in Food (Scotland) Regulations 1962. Legal action was taken against three of the offenders, each of whom pleaded guilty and fines totalling £30 were imposed.

Fifty-five samples of sausages of various descriptions were procured for chemical analysis. The Public Analyst reported that, of these samples, 34 contained preservative within the limits specified by the Preservatives in Food (Scotland) Regulations 1962, and the other 21 were found to be entirely free from preservatives.

Meat Pies

Thirty-one meat pies ranging in price from 8*d.* to 1/3*d.* each were purchased from various shops and submitted for examination. The Public Analyst reported that with the exception of three samples the meat content of all the pies complied with the requirements of the Meat Pie and Sausage Roll (Scotland) Regulations 1967. The bakers who contravened the regulations were warned.

THE FERTILISERS AND FEEDING STUFFS ACT 1926

Five samples of feeding stuffs and three of fertilisers were taken in the prescribed manner for the purpose of analysis by the Agricultural Analyst. These were certified to conform to the statutory statements in all respects with one exception, *viz.* a sample of Moss Killer which was found to contain potash in excess of the limits of variation allowed.

THE RAG FLOCK AND OTHER FILLING MATERIALS ACT 1951

At the end of the year the number of premises registered in accordance with the provisions of Section 2 of the Act was 13. This is a decrease of one over last year. In addition, one firm is licensed to store rag flock on their premises in accordance with the provisions of Section 7.

Ten samples of various kinds of specified filling materials were taken from registered premises and submitted for testing to the Public Analyst. The respective samples of washed flock, hair and fibre were submitted to the appropriate tests prescribed for each kind of material by the Rag Flock and Other Filling Materials Regulations 1961 and 1965. The Public Analyst reported that the standard of cleanliness required by the Regulations had been complied with in each case.

THE PHARMACY AND POISONS ACT 1933

The number of applications received from persons and firms desirous of being registered by the local authority for the sale of poisons included in Part II of the Poisons List was 129. This is a decrease of 18 over last year.

APPENDIX 1

NUISANCES ABATED AND SANITARY IMPROVEMENTS IN 1970

NATURE OF NUISANCE	WARDS																							Totals
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
	St. Giles	Holyrood	George Sq.	Newington	Liberton	Morningside	Merchiston	Colinton	Sighthill	Gorgie/Dalry	Corstorphine	Murrayfield/ Cramond	Pilton	St. Bernard's	St. Andrew's	Broughton	Calton	West Leith	Central Leith	South Leith	Craigentinny	Portobello	Craigmillar	
Water Supply:																								
Cisterns found dirty or uncovered . .	—	9	—	—	—	2	1	—	—	—	—	—	—	—	—	2	5	1	8	2	—	—	—	30
Cisterns repaired or renewed	3	1	—	—	—	—	—	—	3	2	—	—	1	1	—	1	2	—	—	1	—	—	—	15
Water pipes repaired or renewed . .	3	5	4	—	1	1	—	3	—	—	—	—	—	1	1	—	—	—	1	1	1	—	—	22
Sanitary and Washing Facilities:																								
Water closets, sinks, etc., introduced or renewed	—	1	2	—	1	—	—	—	—	1	—	—	—	—	—	1	—	1	—	—	1	—	1	9
Repairs and improvements	—	1	2	1	—	—	—	3	4	5	1	1	3	1	—	2	3	1	4	6	—	1	4	43
Appliances cleansed, chokes cleared, etc.	4	1	—	—	—	—	—	2	1	1	—	4	—	3	—	1	1	—	3	3	—	—	1	25
Drains:																								
Choked drains and surface traps cleared	4	2	6	2	1	—	—	3	3	2	3	6	—	9	5	1	3	2	5	4	—	2	1	64
Drains repaired or renewed	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	2	—	—	—	—	4
Soil, waste and rhone pipes repaired or cleared	—	1	3	—	1	2	—	1	1	7	—	2	—	1	3	1	—	—	—	3	1	—	1	28
Repairs to Houses:																								
Floors, hearths, doors, roofs, etc., repaired	1	3	4	2	—	—	—	1	—	1	—	1	3	—	6	1	3	1	8	3	—	—	—	38
Windows and skylights repaired . .	—	—	2	1	—	1	—	—	—	5	—	—	1	—	—	—	—	1	1	—	—	—	—	12
Grates or ranges repaired	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	2
Wall and ceiling plaster repaired . .	—	4	3	—	—	1	1	—	—	4	—	—	—	—	1	1	3	—	4	6	—	1	—	29

NATURE OF NUISANCE	WARDS																							Totals
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
	St. Giles	Holyrood	George Sq.	Newington	Liberton	Morningside	Merchiston	Colinton	Sighthill	Gorgie/Dalry	Corstorphine	Murrayfield/ Cramond	Pilton	St. Bernard's	St. Andrew's	Broughton	Calton	West Leith	Central Leith	South Leith	Craigentinny	Portobello	Craigmillar	
Nuisances Abated in Houses and Other Premises:																								
Floors, walls, etc., in dirty condition ..	3	2	1	—	2	—	—	1	1	1	—	1	1	3	3	1	—	1	2	—	—	1	2	26
Offensive smells	4	1	4	5	2	6	1	1	4	—	1	3	1	9	9	8	—	3	4	—	1	3	1	71
Smoke from defective vents	1	—	3	—	—	1	—	—	3	1	—	2	—	—	1	—	1	—	2	—	1	1	—	17
Dampness, flooding, etc., in houses ..	14	7	12	19	14	4	3	5	13	13	1	13	15	12	5	5	9	9	34	9	4	5	14	239
Overcrowded families rehoused ..	24	3	9	9	36	4	3	9	19	25	10	10	28	8	6	8	14	5	21	27	25	12	51	366
Domestic animals and birds	—	—	1	—	—	1	—	2	2	—	—	1	—	2	2	3	—	—	2	—	—	1	1	18
Stairs, Passages, etc.:																								
Staircases painted	13	11	10	21	29	31	9	—	—	11	3	74	—	47	49	20	8	—	7	5	1	1	—	350
Dirty stairs and passages cleaned by tenants	16	15	36	15	151	45	8	75	32	2	3	16	56	11	13	12	7	6	15	9	8	2	153	706
General:																								
Premises re vermin and insect infestation	1	5	10	8	7	6	5	6	9	—	3	5	25	7	7	2	—	1	1	3	2	4	10	127
Areas, backgreens, roofs, cellars, etc., cleaned	124	12	8	1	—	3	—	1	—	60	1	—	—	—	12	36	12	78	913	613	1	—	—	1875
Accumulations of refuse removed ..	10	4	20	16	5	9	2	7	13	8	8	9	13	10	18	12	8	1	14	8	4	3	6	208
Tenants casting garbage, etc., over windows	—	2	—	1	—	5	1	1	—	1	1	—	—	—	1	—	1	—	2	2	1	2	—	21
Noise nuisances abated	3	1	3	1	—	2	—	1	1	4	3	1	3	2	3	1	2	—	3	2	1	—	—	37
Seasonal workers' huts found dirty and cleansed	—	—	—	1	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	—	—	5
Miscellaneous nuisances removed ..	27	18	35	39	16	41	10	37	43	18	14	15	52	26	24	25	15	9	35	14	20	5	11	549
TOTALS ..	255	109	178	142	266	166	44	159	153	173	52	165	202	154	170	144	97	120	1091	722	73	44	257	4936

Summary of Nuisances abated in 1970

Complaints by Citizens	1,933
Complaints by other Departments	60
Nuisances discovered and reported by District Inspectors . . .	2 943
Total abated nuisances dealt with by Inspectors	4.936

APPENDIX 2

RECORD OF INSPECTIONS CARRIED OUT BY SANITARY DEPARTMENT

Number of visits to

Bakehouses	219
Baker Shops	399
Betting Shops and Gaming Premises	82
Brokers' Premises	105
Building Sites	3
Burial Grounds	12
Butchers	106
Canteens	106
Cinemas and Theatres	7
Common Lodging Houses	50
Creameries and Pasteurisation Plants	76
Dairy Shops	1,522
Fish Friers	250
Fishmongers	34
Food Factories	60
Fruiterers/Greengrocers	308
Grocers	1,283
Hairdressers and Barbers	484
Hotels and Boarding Houses	751
Ice-Cream Premises	73
Ice-Cream Vehicles	149
Launderettes	103
Mobile Shops	245
Offensive Trades	15
Pet Shops	35
Piggeries	10
Public Houses	506
Restaurants, Cafes, etc.	1,053
School Kitchens	101
Seasonal Workers' Accommodation	15
Second-hand Furniture Shops	25
Showgrounds and Caravan Sites	28
Swimming Baths	60
Premises re Ice-Cream Sampling	26
Premises re Water Sampling	404
Premises other than above	489
Houses re overcrowding and recommendations to House-letting Department	1 377
Houses for evidence of Bug Infestation prior to removal of tenants into Corporation Properties	10 100
Properties re Painting of Common Stairs	3 750
Visits re Infectious Diseases Enquiries	2,880
Visits under Housing (Scotland) Acts 1966–69	11,552
Visits to Houses re Multi-occupancy	45
Visits under Clean Air Acts 1956–68	10,961
Visits to Premises re Pest Control	11,293
Visits to Premises re Insect Spraying	462
Premises under the Factories Act 1961	155
Premises re Nuisances	15.886
Premises under Offices, Shops and Railway Premises Act 1963	4,685
Total	82,340

APPENDIX 3

NOTICES

Intimations of Existencies of Nuisances served	306
Notices to remove nuisances served at the instance of the Local Authority	137
Notices served cautioning persons against casting garbage over windows	330
Notices served on occupiers failing to take rotation of stair washing and sweeping	1,697
Notices served for the cleaning of dirty areas, cellars, etc.	119
Notices served in connection with painting of common stairs	3,797
Notices served in connection with cleaning of water cisterns	18
Notices served under Offices, Shops and Railway Premises Act 1963	697
Total	7,101

APPENDIX 4

COMMON LODGING HOUSES

Ward	Address	Accommodation	
		Males	Females
1	75 Grassmarket	249	—
1	1 Pleasance	85	—
1	5 The Vennel, Grassmarket	—	85
1	3 Merchant Street	—	56
19	4 Parliament Street	168	—
	Totals . .	502	141

HOUSE LET IN LODGING

Ward	Address	No. of Houses	No. of Occupants
1	72 Grove Street	1	164

APPENDIX 5

FACTORIES ACT 1961

Prescribed particulars on the administration of the Act

1. Inspections

Premises	No. on Register	No. of Inspections	No. of Notices	No of Prosecutions
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority . .	39	5	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority . .	1,435	147	13	—
(iii) Other premises in which Section 7 is enforced by Local Authority including outworkers' premises	6	3	—	—
Total . .	1 480	155	14	—

2. Defects Found and Remedied

Particulars	Number of cases where defects were found				Number of Prosecutions
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	
Want of cleanliness (S.1)	7	7	—	2	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary conveniences (S.7):					
(a) Insufficient	2	2	—	—	—
(b) Unsuitable or defective	11	15	—	5	—
(c) Not separate for sexes	2	—	—	2	—
Washing facilities—hot water provided	1	1	—	—	—
Other offences (not including offences relating to outworkers)	1	1	—	—	—
Total	24	26	—	9	—

3. Outworkers (Sections 133 and 134)

Number of outworkers in August lists (i.e. those residing in Edinburgh)	6
Nature of work—making, etc., of wearing apparel	6

APPENDIX 6

FACTORIES ACT 1961

Statement for 1970

1. Inspections made	155

2. Defects remedied—Health (General Provisions)

Cleanliness:	
Accumulations of refuse removed	6
Walls and ceilings cleaned	1
Sanitary Conveniences:	
Additional water-closets introduced	1
Water-closets or urinals substituted	1
Artificial lighting provided	1
Ventilation provided or improved	1
Walls and ceilings cleaned	3
Floors cleaned	2
Appliances cleaned or cleared	2
Miscellaneous repairs	6
Washing facilities:	
Hot water supply introduced	1
Appliances repaired	1
Abstract of the Act found lacking and subsequently displayed	6
Total	32

APPENDIX 7

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

Prescribed particulars to be included in the Annual Report to be submitted to the Department of Employment under Section 60 of the Act.

TABLE "A"

Registrations and General Inspections

Class of Premises	Number of Premises newly Registered during the year	Total Number of Registered Premises at end of year	Number of Registered Premises receiving one or more General Inspections during the year
Offices	179	2,558	839
Retail Shops	129	3,135	1,036
Wholesale Premises	15	272	84
Catering Establishments ..	30	644	168
Fuel Storage Depots	—	—	—
Totals ..	353	6,609	2,127

TABLE "B"

Number of visits of all kinds (including General Inspections) to registered premises 3,923

Note: In addition, visits were paid to 762 premises found to be excepted from the Act by reason of self-employment, etc.

TABLE "C"

Analysis by workplace of persons employed in registered premises at the end of the year.

Class of Workplace	Number of Persons Employed
Offices	41,854
Retail Shops	18,873
Wholesale Premises	2,885
Catering Establishments open to public	6,235
Canteens	433
Fuel Storage Depots	—
Total	70,280
Total Males ..	30,302
Total Females ..	39,978

TABLE "D" — Exemptions

Class of Premises	Number of Exemptions current at end of year	During the year					Appeals to Court
		Number of Exemptions			Number of Applications		
		Newly Granted	Extended	Expired or Withdrawn	Refused	Opposed by Employees	
PART III—Sanitary Conveniences (Section 9)							
Offices	—	—	—	—	—	—	—
Retail Shops	3	—	1	3	—	—	—
Wholesale Premises . .	—	—	—	—	—	—	—
Catering Establishments	—	—	—	—	—	—	—
Fuel Storage Depots . .	—	—	—	—	—	—	—

TABLE "E" — Prosecutions

No prosecutions were instituted during the year.

TABLE "F" — Inspectors

Number of Inspectors appointed under Section 52 of the Act	4
Number of other staff employed for most of their time on work in connection with the Act	1

APPENDIX 8

PREVENTION OF DAMAGE BY PESTS ACT 1949

The following number of properties were surveyed under the Act:

Number of properties surveyed	2,438
Number of properties found infested	203
Number of properties cleared	245
Number of revisits	404
Number of items of repair carried out	127
Electricity junction boxes baited	4
Sewer manholes baited	Nil
Notices served under Prevention of Damage by Pests Act 1949	Nil
Total visits made	11,293

APPENDIX 8 (continued)

COMPLAINTS OF RAT AND MOUSE INFESTATION

WARDS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Complaints received	82	71	64	89	76	45	38	77	94	54	64	64	119	69	60	63	77	49	63	53	217	72	80	1740
Infestations abated	60	72	79	91	75	34	30	50	81	33	63	67	116	60	66	48	57	51	63	50	55	65	76	1442
Visits made	370	284	324	403	556	176	144	436	876	286	443	549	469	317	266	435	249	287	321	148	302	397	413	8451

INSECT INFESTATION

The following table shows the number of apartments and infestations treated in each ward—the total number being 611 within 271 premises

WARDS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Cockroaches	—	—	—	—	2	—	1	—	—	26	13	—	—	—	—	2	6	1	—	1	—	—	—	52
Bugs, fleas, lice, etc.	13	20	2	10	14	13	—	18	21	10	—	—	25	19	15	—	12	10	9	6	10	6	89	322
Flies	1	—	—	—	—	—	—	—	4	5	—	—	2	—	—	—	—	—	—	—	—	—	—	12
Wasps	—	—	1	1	6	7	—	15	1	—	7	20	1	2	2	1	—	6	—	1	1	7	1	80
Miscellaneous	15	3	1	4	2	5	—	6	3	1	—	6	59	—	2	14	2	5	3	—	—	10	4	145
TOTALS ..	29	23	4	15	24	25	1	39	29	42	20	26	87	21	19	17	20	22	12	8	11	23	94	611

APPENDIX 9

THE MILK (SPECIAL DESIGNATIONS) (SCOTLAND) ORDER 1965

Number of Samples taken for Bacteriological Examination

Premium	178
Pasteurised	176
Pasteurised (School)	63
Sterilised	15
Ultra Heat Treated	16
Total	448

APPENDIX 10

SUMMARY OF RESULTS

Pasteurised, Sterilised and Ultra-Heat-Treated Milk

<table>
<tr><th rowspan="2">Grade</th><th rowspan="2">Total Number of Samples Taken</th><th rowspan="2">Total Number Passing All Tests</th><th colspan="3">Classification of Failures</th></tr>
<tr><th>Phosphatase Test</th><th>Coliform Test</th><th>Phosphatase Test and Coliform Test</th></tr>
<tr><td>Pasteurised</td><td>176</td><td>159</td><td>—</td><td>17</td><td>—</td></tr>
<tr><td>Pasteurised (School)</td><td>63</td><td>61</td><td>1</td><td>1</td><td>—</td></tr>
<tr><td rowspan="2">Sterilised</td><td rowspan="2">15</td><td rowspan="2">15</td><td rowspan="4"></td><td colspan="2">Turbidity Test</td></tr>
<tr><td colspan="2">—</td></tr>
<tr><td rowspan="2">Ultra-Heat-Treated</td><td rowspan="2">16</td><td rowspan="2">16</td><td colspan="2">Plate Count</td></tr>
<tr><td colspan="2">—</td></tr>
</table>

Premium Milk

Grade	Total Number of Samples Taken	Total Number Passing All Tests	Classification of Failures		
			Plate Count	Coliform Test	Plate Count and Coliform Test
Premium	178	115	41	13	9

APPENDIX 11

PORT SANITARY INSPECTIONS

Annual Statement — Year 1970

Ships boarded and inspected	855
Revisits made	178
Nuisances discovered	316
Nuisances abated	310
Communications written	6
Verbal warnings	117
Ships treated for vermin	11
Deratting Certificates	Nil
Deratting Exemption Certificates	98
Rodent Control Certificates	Nil
Rats exterminated	744
Mice exterminated	369
Factories—Inspections and revisits	33
Clean Air Act—Observations	6
Notices served	15
Fees collected	£289 2s.

Nuisances Discovered

Accumulations of garbage on ships and shore	175
Choked and defective scuppers	7
Choked and defective latrines	6
Choked and defective sinks	5
Choked and defective washbasins	8
Dampness in quarters	4
Dirty floors, tables, decks, etc.	10
Dirty bunks and bedding	5
Dirty partitions and ceilings	5
Dirty lockers	5
Dirty and offensive bilges	3
Dirty fresh-water tanks	2
Dirty galleys, foodstores, pantries, etc.	7
Dirty washplaces	9
Foul closets and latrines	6
Foul washbasins	5
Foul sinks	6
Presence of rats and mice	6
Presence of cockroaches	5
Emissions of dark smoke	7
Fouling of quays	30
Total	311

APPENDIX 12

PUBLIC HEALTH (SHIPS) (SCOTLAND) REGULATIONS 1952

Edinburgh Port Health Authority

1. Amount of shipping entering Leith Docks and Granton Harbour in 1970

Vessels	Number	Tonnage
Foreign	1,034	954,580
Coastwise	690	482,954
Total ..	1,724	1,437,534

2. Deratting and Deratting Exemption Certificates

Issued at	Deratting	Deratting Exemption
Leith	Nil	88
Burntisland	Nil	7
Granton	Nil	3
Total ..	Nil	98

3. Number of vessels subjected to measures of rat destruction in 1970

"A"

No. of vessels subjected to measures of rat destruction	On Ships		On Shore		No. of rats found infected by plague	
	No. of dead rats recovered	No. of rats examined bacteriologically	No. of rats destroyed (other than on ships)	No. of rats examined bacteriologically	On Ships	On Shore
6	20	Nil	724	Nil	Nil	Nil

"B"

No. of vessels fumigated	No. of dead rats recovered	No. of vessels in which poisoning, etc., was employed	No. of dead rats recovered	No. of Deratting Certificates issued	No. of Deratting Exemption Certificates issued
Nil	Nil	6	20	Nil	98

APPENDIX 13

Report of Prosecutions instituted by the Sanitary Department during the year ended 31st December 1970

No.	*Nature of Contravention*	*Act or Regulation Contravened*	*Court where tried*	*Result*
1	Being the occupiers of a shop failed to close that shop for the serving of customers not later than 8 p.m.	Shops Act 1950, Section 2(1)(b) as amended by the Revocation of Winter Closing Order 1952	Sheriff	Admonished
2	Failure to wash common passage	Bye-laws for the Cleansing of Common Stairs, etc.	Burgh	Fined £2
3	Failure to cleanse and paint common passage	Edinburgh Corporation Order 1967, Section 77	Burgh	Case deserted, work to be carried out
4	Failure to remove a nuisance consisting of kitchen window being in disrepair	Public Health (Scotland) Act 1897, Section 16	Burgh	Work carried out
5	Consigning for sale food, *viz.* "Premium" milk unfit for human consumption or alternatively selling food, *viz.* "Premium" milk which was not of the nature, substance and quality demanded	Food and Drugs (Scotland) Act 1956, Section 8(b) or alternatively Food and Drugs (Scotland) Act 1956, Section 2(1)	Sheriff	Fined £20
6	Failure to wash and sweep common stairs	Bye-laws for the Cleansing of Common Stairs, etc.	Burgh	Admonished
7	Failure to cleanse and paint common stair	Edinburgh Corporation Order 1967, Section 77	Burgh	Case deserted
8	Failure to remove a nuisance consisting of: *(a)* The plasterwork surrounding top flat staircase window being in disrepair *(b)* The ceiling plaster of top flat of common stair being cracked and in disrepair	Public Health (Scotland) Act 1897, Section 16	Burgh	Admonished
9	Failure to remove a nuisance consisting of: *(a)* Wooden floor under sink being in disrepair *(b)* Woodwork surrounding sink being in disrepair *(c)* Fireplace in serious disrepair *(d)* Woodwork of water pipe box being in disrepair *(e)* Plasterwork at fireplace being in disrepair *(f)* Wall of lobby being affected by dampness	Public Health (Scotland) Act 1897, Section 16	Burgh	Case deserted, work carried out
10	Failure to sweep and wash common passage	Bye-laws for the Cleansing of Common Stairs, etc.	Burgh	Admonished
11	Excessive Preservative in mince	Food and Drugs (Scotland) Act 1956, Section 2 and Preservatives in Food (Scotland) Regulations 1962, Regulation 4	Sheriff	Fined £4
12	Selling an article of food which was not of the nature, substance and quality demanded	Food and Drugs (Scotland) Act 1956, Section 2	Sheriff	Admonished
13	Preservative in steak mince	Food and Drugs (Scotland) Act 1956, Section 2 and Preservatives in Food (Scotland) Regulations 1962, Regulation 4	Sheriff	Fined £16
14	Cooling rolls on public roadway and pavement	Food Hygiene (Scotland) Regulations 1959, Section 5	Sheriff	Fined £50

Report of Prosecutions instituted by the Sanitary Department during the year ended 31st December 1970—*continued*

No.	*Nature of Contravention*	*Act or Regulation Contravened*	*Court where tried*	*Result*
15	Preservative in steak mince	Food and Drugs (Scotland) Act 1956, Section 2 and Preservatives in Food (Scotland) Regulations 1962, Regulation 4	Sheriff	Fined £10
16	Failure to sweep and wash: *(a)* the common front passage *(b)* the common back passage	Bye-laws for the Cleansing of Common Stairs, etc.	Burgh	Admonished
17	Failure to sweep and wash the common ground flat passage	Bye-laws for the Cleansing of Common Stairs, etc.	Burgh	Admonished
18	Failure to sweep and wash: *(a)* top flat landing *(b)* top flat stair	Bye-laws for the Cleansing of Common Stairs, etc.	Burgh	Admonished
19	Failure to ensure that certain items of equipment were kept clean Failure to ensure that walls, ceiling and floor of cooking and storage areas were kept clean Failure to provide soap, nail brush and hand towels at wash-hand basin	Food Hygiene (Scotland) Regulations, Sections 5, 9, 17, 22(3) and 25	Sheriff	Fined £15 and £10
20	Failure to ensure that certain items of equipment were kept clean Failure to ensure that walls ceiling and floor are clean	Food Hygiene (Scotland) Regulations, Sections 5, 9 and 25	Sheriff	Fined £10
21	Selling an article of food which was not of the nature, substance and quality demanded	Food and Drugs (Scotland) Act 1956, Section 2	Sheriff	Fined £10
22	Did sell a bottle of "Pasteurised" milk not of the nature, quality and substance demanded	Food and Drugs (Scotland) Act 1956, Section 2	Sheriff	Fined £10
23	Failing to wash common first flat landing	Bye-laws for the Cleansing of Common Stairs, etc.	Burgh	Deserted
24	Failing to wash and sweep: *(a)* top flat landing *(b)* top flat stair *(c)* ground flat front and back passage	Bye-laws for the Cleansing of Common Stairs, etc.	Burgh	Deserted
25	Failing to wash and sweep top flat landing	Bye-laws for the Cleansing of Common Stairs, etc.	Burgh	Deserted
26	Failing to wash and sweep lower ground flat stair and landing	Bye-laws for the Cleansing of Common Stairs, etc.	Burgh	Deserted
27	Failure to wash common front stair	Bye-laws for the Cleansing of Common Stairs, etc.	Burgh	Fined £1
28	Did sell ice cream not of nature, quality and substance required	Food Standards Ice Cream (Scotland) Regulations 1959, Regulation 6	Sheriff	Fined £10
29	Failure to repair and paint common stair	Edinburgh Corporation Order 1967, Section 77	Burgh	Case deserted
30	Did sell ice cream not of nature, quality and substance required	Food Standards Ice Cream (Scotland) Regulations 1959, Regulation 6	Sheriff	Fined £10
31	Failing to repair ceiling plaster	Public Health (Scotland) Act 1897, Section 16	Burgh	Withdrawn
32	(Dirty house) Failure to cleanse house	Edinburgh Corporation Order 1967, Section 82	Burgh	Returned
33	Preservative in steak mince	Food and Drugs (Scotland) Act 1956, Section 2 and Preservatives in Food (Scotland) Regulations 1962, Regulation 4	Sheriff	No Proceedings

APPENDIX 14

HOUSING (REPAIRS AND RENTS) (SCOTLAND) ACT 1954

Return of Certificates issued by the Local Authority under Part II of the above Act between 30th August 1954 (the date of the commencement of the Act) and 5th July 1957

1. Certificates of Disrepair issued under Section 18(1) of the 1954 Act

	No. of Applications for Certificates	Granted	Refused	Withdrawn or still under consideration	No. of Applications for Revocation of Certificates*	Granted	Refused	Withdrawn or still under consideration
(a) Dwelling-houses which have been the subject of a notice of repairs increase of rent under Part II of the 1954 Act	298	76	203	19	59	56	2	1
(b) Dwelling-houses which have not been the subject of a notice of repairs increase of rent under the 1954 Act but in respect of which permitted increase of rent are recoverable under Section 2(1) *(c)* and *(d)* of the Increase of Rent and Mortgage Interest (Restrictions) Act 1920	56	31	8	17	11	11	Nil	Nil

* Including applications for revocation of sanitary certificates issued under the pre-1954 Act procedure but still in force at 30th August 1954.

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